

# THE AMERICAN JOURNAL OF NURSING

VOL. VIII

MARCH, 1908

NO. 6

## EDITORIAL COMMENT



### HINTS TO DELEGATES

WE want to give a word of advice to the nurses who are contemplating taking the journey to San Francisco in May.

The trip across the country, no matter how luxurious the car service may be, is accompanied by many petty discomforts which may be greatly lessened by a little forethought in preparation. The effect of the alkali dust on sensitive skin and mucous membrane is most unpleasant, lips are blistered, eyes irritated, throats and noses often congested as with a cold, and the hands and face very much chapped. Such forms of irritation may be prevented or greatly alleviated by the liberal use of such soothing lotions as one would use at home, and those who are specially sensitive to annoyances of this kind need to provide themselves with their usual remedies. Much annoyance can be avoided by carrying a soap to which the skin is accustomed. It is usually possible to get all the towels one needs.

A travelling dress that sheds the dust easily, with a waist of dark material, is much better than white shirt waists and an elaborate skirt. Wash waists mean that one must carry too much hand luggage, and it will be practically impossible to get laundry work done during the short stay in San Francisco. The climate in May is cool, not hot, in fact San Francisco all the year round has chilly days, requiring a heavy wrap in driving or when exposed to the wind. A sweater and a pair of equestrienne tights in one's travelling outfit will save the necessity of carrying heavy outer garments.

One very practical custom followed by old travellers is to carry worn underclothing which will be thrown away as fast as used.

Another convenience is a roll of several dozen pieces of cheese-

cloth, about twelve inches square, of cheap quality, to be used as face cloths, towels, or napkins, should any of these be lacking, and to be thrown away after use. Wet wash cloths or sponges become a great nuisance on a long journey. A bag for one's hat, either of paper, percale or silk, is almost indispensable. The paper perhaps keeps out the dust best, but those of cloth can be hung from a hook by a draw string. By the careful use of such a bag it is possible to cross the continent without defacing one's headgear.

It is a mark of good breeding in a woman not to be thoughtless in her monopoly of the dressing room to the exclusion of others, and consideration of this kind will add to the comfort of all concerned. Clothing should be so arranged as to be adjusted easily and quickly. Small accessories of the toilet which consume time should be left to those parts of the day when the dressing rooms are not in great demand.

One of the great items of expense in any long journey is the cost of meals in the dining car. Frequently when the train is crowded, one must wait until nearly noon before getting breakfast, and even then may find but a limited supply left from which to order. A carefully planned lunch basket will not only save expense, but will add greatly to the comfort of the journey. Lunch can be prepared according to the time out, each package numbered first, second, or third day. In the tourist cars, boiling water is provided for making tea, cocoa, coffee, etc. Those who prefer to depend on the dining car for all of their meals, should at least take some staples, like crackers or sweet chocolate, in case of emergency or delay.

With a party, such as is proposed in going to San Francisco, the lunch feature can be made a very enjoyable part of the journey, and its preparation, etc., will help to break the monotony of the long day's ride. Several friends starting off together could arrange a combination, one taking a roasted chicken, another fruit, etc. Bread and milk can usually be bought at the wayside stations, but fruit we have found scarce, coffee atrociously bad, and everything very expensive. It is well to so arrange the lunch hour that at the time the train is waiting at a station, one may spend the time in exercise on the platform. A little fresh air and exercise each day helps one to enjoy the pleasant features of the journey. It is a good plan to have at least one hot meal a day in the dining car, but breakfast or lunch or tea can be prepared nicely in the car. Shredded wheat biscuit, boiled eggs, evaporated cream, coffee and fruit are one suggestion for a picnic breakfast.

We should like to have travelling and lunch suggestions for the April number of the *JOURNAL*.

We find that on account of the early date of the meeting and the late date of the opening of the Yellowstone Park (June 15), it will be impossible for Miss Sly to arrange for a party as was suggested in an earlier number. The camping parties arranged by the Park authorities are delightful and can be chosen by those groups of nurses returning later from the west, the most direct route to the Park being the Northern Pacific, entering it at Livingston.

---

#### NURSES' CLUB HOUSES AND CENTRAL DIRECTORIES

THE advantage of a club house in every nursing community has been demonstrated to us during the past months by the gatherings that have been held at the Bellevue Nurses' Club in New York.

For instance, during January, the New York County Association held a meeting there in the evening, when Miss Nutting was the guest of honor, speaking in the interest of the course at Teachers' College, and Miss Palmer was given the privilege of reviewing something of the early history of the *JOURNAL*, especially for the enlightenment of the younger members. The directors and stockholders of the *JOURNAL* held their meeting there the following week, also the executive committee of the New York State Nurses' Association. Each of these organizations paid the club for the use of the rooms and had the advantage of the intelligent care of mail and such telephone service as was necessary. The Bellevue Club has only a few rooms to rent to members. The advantages to the nurses of the city of New York would be great if there could be developed a club for all of the affiliated alumnae associations with rooms for permanent and transient guests, on a purely business basis. There would seem to be an opportunity here for broadening out on such lines.

The question of a central directory is one which is still being agitated in a number of cities and which is defeated only by the timidity, so it seems, of groups of nurses who are afraid to venture into new fields of growth. With medical library associations and individual men and women conducting directories, boarding houses and club houses for nurses as purely commercial enterprises, there would seem to be no financial risk involved where several hundred women would unite for the establishment of a good central directory.

As an illustration of a lost opportunity, we have before us a circular issued by the William Pierson Medical Library Association of Orange, New Jersey. This association has decided to establish a registry to be known as the Central Registry for Nurses of the William

Pierson Library Association. Both trained nurses and practical nurses are to be allowed to register, the fee for the former to be ten dollars, for the latter, five dollars. It is to be in charge of some suitable person at a salary of six hundred dollars. The alumnae association of the Orange Memorial Training School is to be asked to name a committee to confer with the medical committee to devise ways and means. Any surplus funds derived from such a registry are to be employed as a fund to care for the members in sickness, the amount to be paid to be determined by a joint committee of the Library Association and the registered nurses. This joint committee is to form working rules under which the registry will be run. Nurses are to be free to accept calls either from patients or doctors, and they may specify the class of work they may choose to follow.

On general principles, we have nothing to criticise in the conditions named in the circular, they seem to be fair and just, but what need of a medical committee in the running of a nurses' directory? We understand that there has been agitation among the nurses of Orange for some time in regard to the establishment of a central directory, that the demand for such was pressing, and that upon the failure of the nurses to act, the medical library association has stepped in and assumed control of the situation. We hear that a well known nurse in Orange has been asked to act as registrar.

The clinging to school lines is the most serious drawback to nursing development at the present time and seems, so far as we can judge, to be present only in our profession. We need a stronger spirit of coöperation in work for the cause of nursing education in all of its various branches, less distrust of one another's motives, and greater confidence in the ability of nurses to take care of the business affairs of the profession.

---

#### SIDE LIGHTS ON THE JOURNAL

THE comments on the JOURNAL which reach the editors are often most illuminating, and one sets off another in a way that needs no comment. Here are a few.

A trained nurse when asked whether she took the JOURNAL replied: "No, I do not, it is too intellectual, way above our heads."

A young woman, not trained, acting as companion to an invalid writes: "I do enjoy the JOURNALS very much, and find each time something that helps me. I intended when I subscribed to pass them on, but I am hoarding them instead as 'tools of trade!'"



Still another grumbler when asked in what way the JOURNAL was unsatisfactory to her needs said: "Well I don't care for state registration, nursing education, and all that stuff, what I want is to have the JOURNAL remind me each month of the things I learned in Clara Weeks and have forgotten."

A nurse who has been for many years in the mission field in India, recently at home for her vacation, when asked whether she ever saw the JOURNAL in India exclaimed: "Why I couldn't live in India without the JOURNAL, it is one of the connecting links between my profession and home."

One reader says: "What in the world do you want all that foreign stuff for?" Another equally intelligent subscriber says: "The JOURNAL is worth its subscription price to me because of the foreign department alone."

A woman prominent socially and not at all connected with nursing or nurses said recently: "I read every word in the JOURNAL OF NURSING, even to the notices of the nurses who are married and have babies, it is the most interesting thing that comes into my house."

One reader says: "I often do not have time to read more than the editorials, but I am sure in those to get a summing up of important events of the month." Another says: "Why not cut out all of the editorial department and devote the space to strictly nursing subjects?"

A woman who has been active in progressive educational work for many years, remarked recently: "When I consider how the whole group of women who have carried the JOURNAL forward from the beginning, were without literary or business training of any kind, its growth and development from month to month are to me marvellous."

It is always helpful to receive such criticisms, favorable or unfavorable, as they aid us in maintaining a better equipoise of interest.

---

#### THE MARYLAND STATE MEETING

THE marked feature of the Maryland State Meetings which occurred on the 30th and 31st of January, and at which the editor was one of the guests, was the high order of professional and literary excellence of the papers and addresses given, three of which we print in this number of the JOURNAL.

In Baltimore, the standard for admission to the training schools and the education they give has always been so in advance that one is conscious of the high professional standards which are the natural

results of the influences of the dominating educational institutions of the city.

In her address on Social Purity given by Dr. Edith H. Hooker, the political control of courts of justice was shown in a perfectly comprehensive and dispassionate manner, and a strong plea for the ballot for woman was made. We are promised an abstract of Dr. Barker's address on "The Cultivation of a Healthy Mind" which was full of valuable suggestions to workers in the nursing field.

The president, Miss Packard, in her opening address, made the assertion that our state associations should become in a measure schools for post-graduate instruction, and certainly the program of this meeting might well be put under such a heading. The Maryland nurses have set a splendid example of professional advancement along these lines.

We visited the new buildings of the nurses' home of the Johns Hopkins Hospital and were very greatly interested in the practical simplicity of the plan and equipment. Wings have been thrown out on either side of the original building, adding more than one hundred rooms, which are of a size just too small to make it possible to have them occupied by two persons, and yet giving ample space and closet room for one occupant to be perfectly comfortable. Each room was supplied with a drop light on a study table. Each corridor had at the end a small table and a few chairs where the nurses may make tea and have little lunches together, but it is one of the hard and fast rules of the home that no nurse shall enter the apartment of another during her absence. It is hard to put it gently, but it is known that in nearly all nurses' homes, or buildings where students of any kind are housed, there is more or less pilfering, not to say stealing. Since this rule has been enforced at Johns Hopkins, this evil has practically disappeared.

Some features of the equipment of the kitchen of this new home are of great interest. One was a dish-washing apparatus which Miss Ross very strongly commended. Another was the arrangement of shelves. All the old wooden shelving had been torn out and replaced by shelves made of a framework of iron pipe covered by strong wire netting of a coarse mesh. With wire shelves, open plumbing and closets, and eternal vigilance, it is becoming possible to control the water bugs which are a problem in every institution kitchen.

The delightful apartments which have been added for the occupancy of the superintendent of the training school are another evidence of the growing recognition on the part of hospital managers of the need of providing privacy and restful and congenial surroundings for this most important officer. We have in mind in marked contrast

superintendents living for years in rooms artificially lighted, with outer air only from a shaft or back alley.

---

### THE READING OF MINUTES

THE Federation Bulletin of February contains the following from the federation president, Mrs. Sarah S. Platt Decker, under the heading "From the President's Mail."

Letters and verbal inquiries ask this question: "Should the minutes of a State meeting be read and approved at the opening session of the following year?" That is, shall the minutes of 1907 be read to the convention of 1908? Two reasons forbid this,—the first, that the assembly of 1908 cannot legally pass upon the actions of the assembly of 1907, not being the same body. The Club or federation of whose acts the minutes are a record must hear and approve them. The second reason has no legal point but is worthy of consideration. It is never a brilliant or stimulating opening of a convention, especially for new members and guests, to have the record of three days' meetings one of the features, because, though minutes are necessary, we shall all admit that they are not thrilling or even entertaining. Let the minutes be read daily during the convention when all present are interested and have knowledge to correct and approve.

---

### FULL SET OF JOURNALS FOR SALE

ONE of our regular subscribers desires to sell a full set of the JOURNAL, the first four years of which are handsomely bound. The copies are in perfect condition, and this is a rare opportunity for a training school or club library to secure the back numbers. In these JOURNALS is contained the only complete record of the registration movement from its inception, in this country, and the progress of nursing education the world over during the past seven years, a period of agitation and development which marks an era in nursing affairs. These JOURNALS are becoming more valuable each year and more difficult to secure. Any one desiring to buy this set may apply to the editor-in-chief at the Rochester office.

---

### LACK OF CARE IN TEACHING OF DETAIL

WE are inclined to think there is not enough close attention being given, in some of the small schools especially, to the practical everyday nursing detail, such as should become second nature to a nurse

before leaving the hospital. The simple application of a bandage seems to be becoming a lost art. In the every-day process of scrubbing up, either for an operation or for an obstetrical case, is there any excuse for a graduate of a registered school not scrubbing between her fingers, as well as over the back and inside? Is it the fault of the home or of the hospital that in removing a sheet, spread, etc., from a bed there is no attention paid to refolding in the original creases? What sort of training has a pupil had who divides a  $1/50$  tablet in order to give a dose of  $1/25$  or who gives two  $1/25$  tablets for a  $1/50$ ? This is a common error. Such women are unsafe and should not be permitted to ever administer medicine.

The strongest argument for higher educational standards for admission to our training schools is found in just such instances as these, a lack of knowledge of simple fractions, as shown in the inability to estimate quantities in the preparation of solutions and in the administration of doses.

---

#### THE RED CROSS

At the last meeting of the New York committee on enrollment of nurses there was an unusually large number to pass upon. Those accepted were: Miss Jane M. Pindell, Miss Emma Duensing, Miss Martha C. Cretcher, Miss Helen E. Schug, all of New York; Miss M. Eugenie Hibbard, Troy; Miss Anna R. Turner, Ancon, Canal Zone. Other applications are pending.

The committee accepted the resignation of Miss Laura D. Gill, as chairman, Miss Gill having taken up work in Washington, D. C. Miss M. Adelaide Nutting has been asked to fill this vacancy. It is hoped that Miss Nutting's interest in nursing affairs will go far toward enlisting a larger enrollment of nurses, not only throughout the state, but the country at large.

It has been proposed that the New York branch of the Red Cross shall undertake the establishment of day camps for tuberculosis patients, cooperating always with any tuberculosis committee in the city or town in which it is proposed to establish such a camp. These camps will have to have nursing staffs and will give the Red Cross active service in time of peace. Plans for the establishment of such camps are under way at Albany, Schenectady, Syracuse, Rochester, and Buffalo.

We wish it to be clearly understood that the New York City branch of the American National Red Cross has no connection whatever with the Red Cross Hospital of that city.

## THE RETROGRADE MOVEMENT

NOTWITHSTANDING the vigorous appeal in support of the three years' course submitted to Commissioner Hibbard by the New York City Visiting Committee, a copy of which was published in our last number, he has decided to return to the two years' course.

We make this announcement with regret as, in our judgment, it places the schools under the control of the Commissioner in the second rank. We suspend comment until a later issue.



## SOME PHASES OF THE TUBERCULOSIS QUESTION \*

By ELLEN N. LAMOTTE

Graduate of Johns Hopkins Hospital; Tuberculosis Nurse, Instructive  
Visiting Nurse Association of Baltimore

So much has already been written about tuberculosis that most people are thoroughly bored with the subject, while those who are not, already know so much about it that there seems little more to add, all of which makes the writing of this paper difficult.

As conducted in most states, the campaign against tuberculosis is an educational one. The public has been educated during the past five years on an enormous scale, accomplished by means of the press, open lectures, lantern slide exhibitions, expositions, and countless talks of an informal nature given to various clubs and other organizations. All of this has been of the greatest assistance in bringing to the layman a fuller knowledge of the causes and nature of the disease and of the methods necessary for its prevention. In Maryland this campaign has been a particularly active one. This education or molding of public opinion is, however, for the most part, for the benefit of those who have not tuberculosis,—it is the education of the top, although of course some of it filters downward into the lower and poorer strata of society where tuberculosis flourishes by natural right. The education of this lower layer, however, is not left to time and the chance of penetration of information into the places where it is most needed, but is accomplished directly and without loss of effort by means of the special tuberculosis nurses. These nurses bring instruction as to the nature and prevention of the disease directly into the homes where the consumptive himself lives. There are four of these nurses at present in Baltimore, who are to-day visiting in over eleven hundred families where tuberculosis exists. This association (the Maryland State) supported one of them for fifteen months, and I think we may well congratulate ourselves upon the undertaking. This house to house teaching, as done by nurses, may be called education along the bottom, or from the bottom upward. The combination of these two methods of instruction, teaching the upper and the lower levels of society, the well and the sick, must in time have its effect upon the community, though it is of necessity slow.

\* Read at the fifth annual meeting of the Maryland State Association of Graduate Nurses.



There are certain phases of the tuberculosis movement that have come in for a good deal of attention, in fact for more attention than circumstances seem to warrant. The public has come to look with a sentimental eye upon certain parts of the situation, and to overlook, with characteristic blindness, certain other parts. Sentimentality, when strongly entrenched, is a difficult thing to deal with.

According to Dr. Flick, the curability of the disease has been grossly exaggerated. Cornet, an authority on the subject, writing recently in one of the foreign medical journals, says that the sanatorium has had no effect whatever in reducing the death rate, the only true test of efficiency, and that moreover the results attained by them are in no wise commensurate with the great outlay of money required for their support. Our personal experience with sanatorium cases is quite in keeping with this view. The incipient case, taken from the alley, and kept in the sanatorium six months, and at the end of that time returned to the alley again, has but one road to travel. His sojourn in the sanatorium has delayed him a little,—it was, however, but an interruption, a postponement of the inevitable end. The conditions that caused the disease in the first place must of necessity cause a relapse when the patient returns to them again. For instance, take the average laborer, father and breadwinner of a family, accustomed to trench digging or stevedore work. Discharge such a man as that from a sanatorium (and that is what is being done every day) and then expect him to earn a living for himself again. He has no education, and light work, should he be able to find it, would mean such light pay that he could not begin to support himself, let alone a family. Small pay means economical living, and a man cannot economize on rent, so he must do it on food, and this, to a consumptive, is fatal. The return to hard labor, or his usual occupation, means sooner or later a relapse.

Take, on the other hand, the case of a woman, head of a household, and household drudge. Discharge her from a sanatorium as cured, and with the false sense of security that this implies, and then expect her to be careful of herself and perform her household duties, scrubbing, washing, cooking, rearing children and see how long she can continue at these pursuits and keep well. For people of this class the sanatorium can do nothing,—they cannot afford the education it has given them, they have not money enough to take care of themselves. A cure implies to most people ability to return to normal life. The discharged sanatorium patient has not that ability. Extensive charitable aid is sometimes used to supplement the sanatorium period, and the

patient may be kept up indefinitely, or until this relief is withdrawn, but this is palliative treatment. There are, of course, some patients who will profit by their training, but in any case tuberculosis is a disease to be fought out in the home. If a patient either cannot or will not change his home conditions, and so alter them and his method of living that he may hold the disease quiescent or at bay, then the sanatorium interval can avail him nothing.

But at present, public sentiment demands sanatoria. They are springing up all over the country. The sentimentally inclined like to think of a number of patients in curable stages of the disease, sitting out in the air and sunshine, and gaining pounds in weight and strength. It all leads to recovery and health. But the public does not follow these patients back into their homes, nor does it think it worth while to provide a bed in a hospital for the one advanced case who is sufficiently dangerous in his own person to infect enough patients to fill the average sanatorium. A place for a consumptive to be cured in appeals to sentiment far more than a place for a consumptive to die in.

Tuberculosis in the country is another problem. It is being spread into country districts from the city. It is extraordinary to what an extent advanced and hopeless cases are being sent there by people who should know better. They are perfectly willing to advise a patient to go or to send him away without question as to what sort of a house he is going into, whether he can have a room to himself, or whether he will be even as comfortable or well off as he was at home. As to any consideration of the family he is to be quartered upon, there is none at all. The question of there being young children in the country family, or others likely to contract the disease, is not one that ever deters the benevolent individual who advises and often finances this move. The family, ignorant of the visitor's disease, is unable to protect itself against contagion, and after the patient's departure he leaves behind him a house that cannot be fumigated, a focus of infection and danger to all who live in it. Sometimes the excuse is made that when the people are told that the patient has consumption they still do not object to taking him in. This lack of objection does not come because of the abundant precautions that they expect to take, but arises from that disbelief of danger which is such a frequent characteristic of the ignorant. It is well enough to say that these patients have been taught how to be careful, that they know the nature of their disease, and what care they should take in regard to their contact with others. In sending them away, however, they promptly disregard all that they have been taught, both because the use of sputum cups hampers them,

and because they are sensitive on the subject. They go into a family that demands nothing of them in the way of carefulness, and they are therefore not stimulated to any degree of carefulness by an opinion that would tend to keep them up to a certain standard. There are parts of Maryland where the farmhouses are full of tuberculosis brought there from the city. We know of one consumptive, sent from Baltimore into the country, who infected three members of the helpless family he was placed with, all of whom died. Two other cases infected one each, and if it were only possible to follow up these cases from the other end the results would doubtless be appalling. The patients themselves gain very little good of this time in the country, and this plan of sending them away, unwatched and uncontrolled, is a selfish disregard of the greatest good to the greatest number.

What is the duty of the community and of society to the poor consumptive in our midst? He is right here, earning his living among us and exposing every one of us to the disease. If we do not care about his comfort and welfare, then let us consider our own and the danger we are in. In a study we recently made of some nine hundred families where tuberculosis was present, we found that some sort of money-making occupation was carried on in over three hundred, or one third of them, the work in many instances being done by the patients themselves. There were grocers, butchers, and milk dealers engaged in the "light work" of selling these food stuffs and scattering the disease among their customers. Others had baby farms or kept cook shops, or opened and sold raw oysters. The chief occupation, however, was laundry work, which was resorted to in over seventy per cent. of these home industries, probably because it is the easiest form of unskilled labor, the materials being at hand in every home. In the houses where this washing was done there were from one to four cases of consumption in each, and the number of families washed for varied from one to ten. Imagine the sort of clean clothing thus going out into the community. The patients themselves do not always do the washing, though the ironing is frequently done by them. However, if they are too sick to help with that, (or if the patient is a man) they usually sit in the kitchen where the clothes are hung to dry. Sometimes when the patient is very sick, his bed is brought into the kitchen or into an adjoining room, and the clean clothes are often laid upon it until put into the basket to be taken home. It is probably no exaggeration to say that in every colored household where there is a case of consumption, washing is being done. It is well enough to talk of the danger of sweat shop clothing and the danger to the community in clothes made by

tuberculous people, but the risk is microscopic compared to that of using linen washed and dried under such circumstances as these.

Now what is to be done in these cases? Take away from them their only means of support? These families do not need charity, as they are quite able to earn their own living, but they must do their work at home, for they must stay at home to take care of the dying consumptive for whom there are no hospital facilities.

We are only half educated in this tuberculosis problem. We are educated to the danger, somewhat, but we are not yet educated to our responsibility and duty in the matter. If we are not as yet sufficiently interested to provide the adequate and comfortable hospitals for these advanced cases for their sakes, then let us provide them for our own. We are right in not wishing to have a consumptive cook in the kitchen, —are also right in being afraid of the consumptive who shaves ice and makes syrups for the soda water fountain, nor do we care to have the milk bottles of our particular dairy washed by a patient in the last stages of the disease,—yet all of this is light work which on every hand consumptives are advised to undertake. Left to themselves, this is what they find. At one of the tea rooms in town one of our patients was employed in making the salads,—she coughed so much when actually cooking that they put her at the salads, as then her cough was not so troublesome. The great packing houses along the water front here in Baltimore, where vegetables and fruits are prepared and canned, and the oyster houses, where thousands of bushels of oysters are opened for the market, are filled with Phipps' Dispensary cases. These advanced cases are the ones that are spreading the disease, both in their own homes and in ours. We cannot take their work away from them unless we are prepared to offer them something in return. We cannot send them to a sanatorium, for that is for the incipient cases that they infect.

In the middle ages leprosy was the scourge of Europe. Public opinion finally demanded its suppression, and this was accomplished by segregation. In France, alone, at that time there were over two thousand leper houses. We are afraid of tuberculosis, yet we make no effort to shut off the source of supply. We are willing to cry Unclean! Unclean! but we are not willing to take care of the poor unfortunates whom we stand aside from. In some ways we do not measure up to Mediæval standards.

## PSYCHOLOGY AND NURSING\*

By MARY CLOUD BEAN, R.N.

Graduate of Johns Hopkins Hospital Training School

DOCTOR BARKER said, some few months since, in a public lecture, "It is fortunate for our people that practising physicians are becoming ever more interested in nervous people, and that they are learning to recognize more fully than formerly the importance of the psychic side of their cases. The deficiency in medical practice in this respect has been due in part, 1, to lack of instruction regarding the healthy mind (psychology); and 2, to lack of instruction regarding the sick mind (psychiatry). American universities are far behind those of the rest of the world in their provision for instruction in the latter subject. In Italy and Germany, especially, every university hospital has its psychiatric clinic in which its professor of psychiatry teaches students how to recognize and treat mental phenomena which deviate from the normal. While America has made admirable provision for the care and comfort of the insane, American medical schools are lamentably lacking in facilities for teaching medical students psychiatry, and especially for giving instruction in diagnosis and treatment in that wide and indefinite borderland between mental health and mental disease."

As nurses we must all admit that what is here said of medical schools may equally well be said of nursing instruction. Our training schools teach the principles, at least, of anatomy and physiology, of drug usage and of surgical procedures, but we continue to lay a quite inadequate foundation for the instruction that is given in nursing the mentally disturbed. This foundation is to be had in a conception of the simpler phenomena of psychology, and their perversion as seen in mental disequilibrium.

In spite of the fact that considerable information is getting about on "how to nurse" a nervous patient, there is still a lack of knowing why such and such a practice is necessary. Blind routine can never give the results of informed activity; therefore, nurses must take up this matter at the right end, its beginning, and in some way get possession of those facts of mind and mind working on which psychotherapy rests. We do not need to go the whole length in psychology, nor to look deeply

\* Read at the fifth annual meeting of the Maryland State Association of Graduate Nurses.

into psychiatry, but to be of greatest value in our work we should and must know the basic principles of mind action and be able to recognize even a slight deviation from the normal in our patients. Only in the light of this knowledge can a nurse report intelligently the patient's symptoms, or carry out with immediate results the doctor's orders. Very great responsibility attaches to the nursing of the mentally unsound, and a far-reaching opportunity comes always to the nurse who has the care of a patient nervously unstrung even in a slight degree. Therefore a good equipment is imperative, and the beginning of this equipment is in the science of the normal mind.

Some nurses, of course, have studied psychology in college student days and retain a more or less accurate impression of certain of its catchwords; others may have been, like M. Jourdain, speaking prose, so to say, all their lives, without being aware of it, but for those who know a little as for those who know nothing there is a tremendous want of information on this subject of psychology. Until training schools see their way clear to go in for psychology,—until they have the money to pay lecturers,—for those of us who are past the training-school days, reading must make up this deficiency, reading and lecture courses. By wanting them very much, lectures in psychology could be got for graduate nurses, and classes undertaken that would not require too great effort and would be most instructive.

Even the ordinary magazine nowadays teems with popular articles on psychology. It is in the air and we have got to be up with the times. No more entertaining literature could be imagined than a paper on psychology by Professor William James of Harvard University. We have his "Talks to Teachers," out in book form in 1902; his "Principles of Psychology," rather deep, 1890; and his "Psychology: Briefer Course," in 1892. These last dates coincide with the psychological awakening of which there is now a new wave. Professor Baldwin of the Johns Hopkins University writes on psychology, and his "theory of imitation" makes a nurse think hard on the subject of being a model for her patients. The *Johns Hopkins Nurses' Alumnae Magazine* published, in its latest (December) issue, a lecture given at the Nurses' Club on "Emotion: its Place and Training," by Professor Stratton of the Johns Hopkins University, and Dr. Barker gave last winter, at the Club, the talk that is our classic on "The Treatment of Nervous Diseases," also published in the magazine.

After the psychology of the healthy mind, comes its variation and application in the study and care of the psychasthenic, neurasthenic or hysterical patient as comprised in modern psychotherapy.



I shall ask your society to print in their report Dr. Barker's modification of the Dubois (of Berne) routine neurasthenic treatment, but omit its reading at this time. In the way of books on this subject we have those by Dr. Paul Dubois (translated from the French) "The Psychic Treatment of Nervous Disorders," and "The Influence of the Mind on the Body." Not yet translated, but very excellent is "Isolement et Psychothérapie," by Camus et Pagnicz after Professor Déjerine. An English writer, Alfred T. Schofield, M.D., writes on "The Management of a Nerve Patient," "Nerves in Order," "Nerves in Disorder," "The Springs of Character," and "The Force of Mind." In translation from the German of Carl Hilty are two books useful alike for reading by nurse and patient, "Happiness," and "The Steps of Life." Annie Payson Call is helpful to the patient inexperienced in life by her "Every Day Living" and several other books. I should like to speak too of Madame Guyon, Fénelon, and other writers of the Church, even of Greek and Roman philosophers, of serious writers in every age who have gone into matters of the soul and of living, whose teachings may be reported to patients very helpfully. Also of the wisest of books, our Bible, out of which the wisdom of many other volumes has grown; yet one hesitates to employ the Bible in any unsettled state of mind, or to bring in religion in moral re-education, for the reason that religion is something so bound up with the emotional life of patients that one cannot know what its effect may be. Then, too, religion is more than a science, and yet is something that the most broad-minded individual may interpret narrowly and that the most narrow-minded and ignorant do not hesitate to interpret as ultimate in the manner of their own particular belief. It is, for these reasons, a dangerous aid to psychic treatment, but an aid the most powerful, judiciously employed. Through the press we are all more or less familiar with the Emmanuel Church movement in Boston, and the good results obtained there by the working together of religion and moral re-education.

In advocating the study of psychology I need not say that knowing psychology does not mean a wholesale and unrestrained use of psychic methods on a nurse's own initiative. She is no less than before subject to the doctor's orders. Her knowledge only helps her to observe and to do as she is told. Many times the nurse must take up the battle with the perverted will of the patient and fight over and over again the same fight that the doctor carries on during his visits. Knowing psychology will teach her also when to stop fighting; that a few simple truths, not repeated to the point of fatigue but repeated till attention is gained, are vastly more valuable than complicated or involved reasoning

that ends by exhausting the patient and never becoming a focal idea. She will find out what are the patient's focal ideas, and what lie on the fringe of consciousness; what ideas may be brought to meet the existing ideas or "native interests" and how strong these must be. She will know the importance of habit, how to engage the attention, how to enlist the will-power, and the laws of its inhibition. The statement that "voluntary action is at all times a resultant of the compounding of our impulses with our inhibitions" puts a high value on knowing how these forces may be guided to proper action,—that to direct the will to self control, to manage the impulses by the mechanism of inhibition, is to produce a strong man or woman, a useful citizen; put no bounds upon the desires of the will and let it be too rapid firing and there results a dangerous person, a maniac; let the thought center upon self, upon one idea, so that inhibitions simply leave no room for the will to operate, and we get the condition often seen in melancholia,—a condition of aboulia or inability to will or perform; leave the desire to do, with the lack of the will to carry out an idea, and there is the familiar type of neurasthenic, inefficient, dissatisfied and unhappy; bring into continual conflict the will and the inhibitive process, and we have the psychasthenic who exhibits symptoms of almost every other type and is the "nervous" person most difficult to regulate and cure,—that is, outside of true insanity. Following up these various conditions and applying to them the remedies suggested by the nature of their origin— included in this being those ordinarily known as "physical," since the carrying out of an idea is a purely physical process, we are told,—we see the use of psychology to the nurse in impelling her to study her patient and to realize the value of every circumstance that surrounds him,—discounting those of no especial value, and leaning mightily on those that are master secrets in his cure. She will also be helped in her own mental life to a degree that amazes her if she has not heretofore thought deeply on inner things.

DUBOIS DIET AND ROUTINE HOSPITAL NURSING TREATMENT FOR  
DR. BARKER'S NERVE PATIENTS.

Rest in bed with one pillow for several weeks. Strict isolation from friends, letters, papers, or anything else external. Life moves in prescribed radius until doctor orders change.

Given during entire treatment:

Cold sponge, 55° to 60°, followed by alcohol rub, and preceded by cleansing bath, every morning;

Cold pack every night;  
Soapsuds enema every third day if necessary;  
Prepared lime juice, two drachms, in glass of water, or juice of half a lemon, or of an orange, every morning before any food.

Diet of Dubois (of Berne):

First week, milk only, every two hours, from seven a.m. to nine p.m., preferably given hot.

First day feedings, three ounces; second day, four and one-half ounces; third day, six ounces; fourth day, six ounces, with nine ounces three times; fifth and sixth days, the same as fourth day, except at seven a.m. when twelve, instead of nine ounces are given; and on sixth day, with first milk, give slice of brown bread with honey or marmalade; seventh day, as on the sixth, until one p.m. when full meal schedule is taken up and continued as on

Eighth day, seven a.m. milk, eight ounces;

Eight-thirty a.m. full breakfast, with honey or marmalade;

Ten a.m. milk, eight ounces, (often twelve ounces, at all times);

One p.m. full dinner.

Four p.m. milk, eight ounces;

Six p.m. full supper with cooked fruit;

Nine p.m. (after pack) milk, eight ounces.

Patients may have tea or coffee, not strong, once a day, and milk or cocoa at other meals. No alcohol. Vegetables are important, and spinach, carrots, or cooked celery are given every day for dinner.

Meals are very full, as varied as possible, but no choice on the patient's part is allowed, and nothing may be rejected.

Raw eggs are given, as ordered for the needs of the patient.

Patients may be propped with pillows for meals. When ordered to sit up in bed, usually at the end of five weeks, proceed:—

First day, back rest one hour, increasing to two hours; on fourth day, wheel chair one hour, increasing to two hours; on eighth day, walk ten minutes, increasing time daily, until at the end of another fortnight, or less, the patient walks five miles with ease.

A quick plunge into water at tap temperature, slightly over 50°, is usually begun when the patient begins to walk, and takes the place of the cold sponge.

At this period also training in "setting up" exercises is frequently ordered.

As many hours as possible, five or six, or more, are passed out of

doors each day, even while in bed, and wide open windows for sleeping are compulsory.

About the time the patient begins to sit up, some work, as sewing or knitting, is recommended for an hour or so a day, the patient propped with pillows while in bed.

Reading aloud for increasing periods to two hours per day is taken up early in the cure. The patient is permitted to read, under supervision as to time and subject, and in all things is gradually led back, under the doctor's ordering, to normal life and intercourse.

It must, of course, be understood that this routine only holds for certain cases. Dr. Barker considers that it is extremely important to individualize, and it is rare that any two patients are treated exactly alike.

---

### THE NEWER TREATMENT OF CEREBRO-SPINAL MENINGITIS \*

By V. M. MACLELLAN, R.N.

Graduate of Johns Hopkins Hospital Training School

DURING the epidemics of cerebro-spinal meningitis which occurred in different places between 1904 and 1907, an organism discovered by Weichselbaum in 1887, was proven beyond question to be the cause of the disease, although the mode of infection in man is still unknown. At the Rockefeller Institute in New York, Dr. Flexner and his associates began a series of experiments with monkeys and guinea pigs, in which the infection can be controlled, with the hope of producing an efficient antiserum, and they succeeded in getting one which checked the symptoms and apparently cured the infected animals. After many experiments with animals the serum was used in cases of epidemic meningitis with such results as would seem to justify its further use.

The serum in use has been procured by inoculating a horse, at first subcutaneously, with dead bacilli, then intravenously with living bacilli, which have been obtained from different parts of the country, and increasing the dose each week until the animal is immune. The serum is in one strength, a reddish yellow fluid, and is supplied to physicians who will use it under direction and make a report of the cases treated.

The serum is usually warmed to body temperature and injected into the spinal canal after the withdrawal of a variable amount of the

---

\* Read at the fifth annual meeting of the Maryland State Association of Graduate Nurses.

spinal fluid. When a glass tube with a small bore is attached to the lumbar puncture needle, the fluid rises in a normal person to a height of from eighty to one hundred and twenty millimetres, but in cases of meningitis it rises to four hundred or five hundred millimetres or over. Fluid is withdrawn until the pressure, as it is called, drops below normal and then the serum is slowly injected. The maximum dose at present is thirty cubic centimetres. Serum is given in new cases every day for three or four days, and after that on indication as, for instance, by a rise in temperature or a return of the symptoms, which usually subside after the first or second injection.

There is a question as to the way in which the serum acts, whether by killing the bacteria or counteracting the toxin. After the first dose the bacteria, if found, are usually in a degenerated state, and do not grow in the culture tube. In cases where there are sudden rises in temperature it is usually possible to grow the bacilli after each one.

The cases recover by lysis or crisis in about equal proportion. It seems that the serum has no effect with the so-called fulminant type, which runs a very short course with extreme symptoms; nor in the chronic cases where the symptoms are due to change in the tissues; but in new cases, where it is possible to obtain active living organisms, the serum does seem to cure.

Dr. Flexner reports forty-seven cases treated, of whom thirty-four recovered and thirteen died. Of the thirteen, four were of the fulminant type,—the record is really nine deaths, or twenty per cent. mortality, contrasted with about sixty-five per cent., which is the case without serum treatment. A most striking instance occurred in Akron, Ohio, in April, 1907, where there was an epidemic of about twenty-one cases. Of nine cases treated in the hospital with serum, one died, and eight recovered; but of nine outside cases, not treated with serum, eight died. This does not include three of the fulminant type which died. Of two cases now under treatment at the Johns Hopkins Hospital, one, a child of five years, from the south, was admitted in the sixth week of the disease. He was in a very nervous state, not delirious, but on being touched would cough or make a sound that was very much like the bark of a small dog, and this he had been doing for a long time. His neck and back were rigid, knees flexed, eyes crossed. He was first admitted to the private wards and then transferred to the isolated ward on account of the disturbance he made with the peculiar cough or bark which was kept up at first during a large part of each day. The child was kept in a room by himself with a special nurse, and the room darkened a little as the ordinary amount of light seemed to

hurt his head and eyes. He was kept perfectly quiet, his mother was not permitted to visit him, and as few people as possible entered the room. The diet was liquid until the temperature dropped. The first lumbar puncture was done on the day after admission for the purpose of diagnosis, and the bacilli were grown in a culture although they could not be seen in a "smear" under the microscope. On each of the following days a lumbar puncture was done and the anti-meningitis serum injected under chloroform anaesthesia. The child was very uncomfortable after each one of these injections for five or six hours, crying with pain in his head, but his general condition seemed improved. The third and last injection was given two days later, and the improvement in the child's condition was steady and uninterrupted. It is now about five weeks since his admission and he is up in a chair and is to go home within the next few days. He is still very nervous and gets much wrought up when things disturb him, but his mother says he has always been a nervous child.

The second case admitted was a boy from the city of about sixteen years of age. His illness began with a cold and cough about December 18th. He was working in an office and continued at work until December 28th, when he found it necessary to give up and go home at noon with severe frontal headache. During the night he had three convulsions, and the next day rigidity of back, retraction of head and the flexion of the knees. He was admitted to the hospital on the night of the 31st with a temperature of over 103° F. and a pulse of between 180 and 200. The day after the first injection of serum his pulse dropped to 80. His treatment was similar to that of the first patient, but the course of the disease was slower. He was irrational, and during the second injection of serum his pulse became weak, although not rapid. On the fourth day after admission he became rational,—at least he recognized his mother and knew where he was. His symptoms have cleared up gradually, but at three stated intervals his temperature rose above 103° F. and in each instance after a dose of serum was given, the temperature became normal. He was extremely sensitive on being touched when he first became rational and had to be handled very gently. Both of these patients had ear complications,—tenderness and deafness in one ear,—which were relieved by puncturing the ear drums and having the ears irrigated with boracic acid solution, strength 50 per cent., three times a day. The boy's temperature has now been normal for two weeks, and he says he feels perfectly well except for weakness. He has been sitting up in bed with a back rest for the last two days and is to be sent home this week, as he lives in the city, for his convalescence.



Since the writing of this article two new cases have been admitted to the ward and treated successfully with the serum. Last year a case was treated by Dr. Cushing which recovered and is described in Dr. Flexner's article in the *Journal of Experimental Medicine* for January, 1908. Another case was admitted and, although treated, died very soon after admission, so that the record here at the Johns Hopkins Hospital is of five recoveries out of six cases treated.

There have been too few cases reported to admit of the drawing of any conclusions, but the reports so far are encouraging and the results would seem to justify the further use of the serum until the efficiency of it as a cure for meningitis is established.

## LESSONS IN DIETETICS\*

By MARY C. WHEELER

Graduate of the Illinois Training School for Nurses and of the Hospital  
Economics Course

THE kitchen is a cooking laboratory and the same exactness, accuracy, and precision are necessary for success as in all experiments in the chemical laboratory. Air and food are the two most important factors in sustaining life and providing the necessary heat and energy. All foods should be clean, properly preserved, and so cooked that they are in a fit condition to become assimilated by the stomach and intestines and to preserve their natural flavor.

### FUELS

Any combustible matter which feeds flame is a fuel. Kinds of such matter are classed as follows:

1. Fluids.
  - a. Gases. (Illuminating gas.)
  - b. Liquid. (Alcohol, gasoline, kerosene.)
2. Solids.
  - a. Wood.
  - b. Charcoal.
  - c. Peat.
  - d. Coal.
    1. Bituminous.
    2. Anthracite.

\* As prepared for the pupils of the Blessing Hospital, Quincy, Illinois, from various sources, including Hutchinson's Food and Dietetics and the Lectures of Drs. Vulte and Bigelow.

## Comparative advantages of different fuels.

1. Economy of heat.
2. Economy of money.
3. Economy of labor for the consumer.

## Cooking Processes.

1. By conducted heat with
  - a. Water as the medium.
    - Boiling.
    - Steaming.
    - Stewing.
  - b. Fat as the medium.
    - Griddle cooking.
    - Pan broiling.
    - Sauté.
2. By radiant heat.
  - Toasting.
  - Broiling.
  - Roasting.
  - Oven cooking.
    - a. Baking.
    - b. Braising.

## FOOD AND FOOD STUFFS

A food may be defined as anything, which, when taken into the body, is capable either of repairing its waste or of furnishing it with material from which to produce heat or nervous and muscular work. Substances which are unable to help in either of these directions may have a useful place in the dietary, but they cannot be truly regarded as foods. Example of such substances are to be found in tea, coffee and the extractives of meat.

Most ordinary articles of diet are not simple bodies, they are made up of mixtures of various chemical substances, some of which are of nutritive value, others not. The former may be spoken of as the *nutritive constituents* or "nutrients" and may be classified as follows:

## Organic.

1. Nitrogenous.
  - Proteids, *e.g.*, casein, myosin, gluten.
  - Albumenoids, *e.g.*, gelatin.

## 2. Non-nitrogenous.

Carbohydrates, *e.g.*, starch, sugar.Fats, *e.g.*, olive oil, butter.

## Inorganic.

Mineral matters, *e.g.*, sodium, potassium, lime.

Water.

Any article of diet, no matter how it is cooked, can be shown, by chemical analysis, to contain one or more of the members of these groups; otherwise it is not a "food" at all. The functions of food are fulfilled by the different groups in different measure. The first function, that of building up and repairing the tissues, can only be fulfilled by the proteids and inorganic constituents. The second function, that of serving as a source of potential energy, is the property of all the organic constituents, although there is a limited sense in which water, and even, perhaps, the mineral constituents, may be regarded as sources of energy.

One may, therefore, classify the nutritive constituents of food, in accordance with their functions in the body as follows:

## Tissue formers.

Proteids.

Mineral matters.

Water.

## Work and Heat Producers.

Proteids.

Albumenoids.

Carbohydrates.

Mineral matters?

Water?

It will be observed that proteids alone are able to fulfil both of the functions of a food. Without proteid, life is impossible, for the daily wear and tear of tissue must somehow be made good. With proteid, plus water and some mineral salts, life can be healthily maintained for a practically indefinite time, as is proved by the experience of tribes such as the Indians of the Pampas, who live year in and year out on nothing but lean beef and water. The most common classification of food stuffs is that of water, salts, proteids, carbohydrates and fat.

WATER is a chemical compound of the two gases, hydrogen and oxygen, in the proportion of 2:1. Water enters into the composition of every tissue in the body and forms over 60 per cent. of the entire body

weight. It is not burnt up and so does not supply energy to any great extent.

**SALTS.**—These form about 6 per cent. of the weight of the adult man. They are present in the bones, teeth, and other tissues. The principal salts of the body are, calcium phosphate and the various compounds of potassium, magnesium, sodium, iron. The mineral salts are very necessary to life and health.

**PROTEIN.**—Under this heading are included most of the food stuffs containing the element nitrogen. Protein is found in both animal and vegetable food, familiar examples of it being the lean and gristle of meat, the white of egg, the gluten of wheat and the curd of milk. The word "proteid" is used by some writers to describe these.

**CARBOHYDRATES** contain no nitrogen. They are composed of carbon, hydrogen, oxygen, and the last two elements always in the proportion to form water and the carbon either 6 or a multiple of 6. Carbohydrates are burnt up in the body and are the most important source of heat and energy. Excesses taken are converted into fat and stored up in the body. The superficial fat of the body protects it from cold and acts as a storehouse for the fat, which can be converted into heat and energy.

**FAT**, or hydrocarbon, is an important element of food, serving the same purpose as the carbohydrates. Fat supplies more heat and energy, weight for weight, than carbohydrates, but is neither so easily digested nor so available.

The changes which take place in the body in "burning up" the food material are designated by the name metabolism.

Such being the uses of foods in the body the question arises: How is one to judge of their relative value? By what criteria is one to decide whether any particular article of diet is a good food or not? The reply is that such a question can only be decided by submitting the food under consideration to these four tests:

1. **CHEMICAL TEST.**—Chemical analysis can tell us how much of each nutritive constituent (proteid, carbohydrate, etc.) one hundred parts of the food contain. With this information, one can arrive at an idea of the value of the food as a source of building material or energy.

2. **THE PHYSICAL TEST.**—This test must answer the question, how much potential energy is that particular food capable of yielding. The amount of heat which a food is capable of yielding on complete combustion may be taken as a measure of its value as a source of energy, for heat and work are convertible terms. The standard of heat production is the calorie, which means the amount of heat required to raise the temperature of 1 gm. of water 1 degree C. This is the small calorie.

For measuring the heat value of foods, one employs, for convenience, the large or Kilo-calorie, *i.e.*, the amount of heat required to raise the temperature of 1 litre of water 1 degree C. or 1 pound of water to 4 degrees F. This should be written with a large C. or capital letter—Calorie.

It has been determined that bacon yields the largest number of Calories, closely followed by butter, fat goose, fat pork, fat mutton, and going down the scale to lettuce which yields the least number of Calories.

Proteids yield 4.1 Calories.

Carbohydrates yield 4.1 Calories.

Fat yields 9.3. Calories.

Different food stuffs have different Caloric value, because the percentages of the food stuffs differ. Three thousand C.'s are needed for each individual in twenty-four hours, therefore the average individual must have 125 gm. proteid, 500 gm. carbohydrate, and 50 gm. of fat.

To apply this caloric standard to a food, multiply the percentage of proteid or carbohydrate which it contains by 4.1 and the percentage of fat by 9.3, to get the total Calories yielded by one hundred parts of the food in question.

3. THE PHYSIOLOGICAL TEST.—It is not enough that a food should contain a considerable proportion of proteid, carbohydrate and fat, and should be capable of yielding energy on oxidation. It must also be of such a nature that it can be easily digested in the stomach, and more or less completely absorbed into the blood. Such substances as sawdust, petroleum, etc., might pass the chemical and physical tests easily enough, but they are of no use in the body, for they cannot be digested and absorbed.

By a digestible food is meant one which is disposed of by the stomach with little trouble or without producing any feelings of discomfort, pain or uneasiness. The only absolute criterion of the digestibility of a food is the length of time it has to remain in the stomach before it is fit to be passed on into the intestine. The shorter time a food requires to stay in the stomach, the greater is its digestibility; and the longer the period which must elapse before it can pass on into the intestine the more indigestible the food is.

4. THE ECONOMIC TEST.—Having ascertained the richness of a food in nutritive constituents, the amount of energy which it is capable of yielding and the readiness with which it can be digested and absorbed, we have still to inquire whether the nutriment which it yields is obtained at a reasonable cost. The simplest way of applying such a test is to find out how much energy (in Calories) and how much building material

(in proteid) one can get for a particular sum when invested in the food under consideration.

Taking results as a whole, it will be observed that the vegetable foods are far cheaper than the animal foods, whether one uses them as sources of energy or of building material. Carbohydrate is by far the cheapest.

*(To be continued.)*

### NURSING IN FINLAND \*

By BARONESS MANNERHEIM

Directress of the Surgical Hospital, Helsingfors, and President of the Finnish Nurses Association

I HAVE been asked to say a few words about our Nurses' Association in Finland. It is not very old, not more than ten years, but already it has done a good deal to improve the standard of nursing in my country.

As late as in the seventies and early eighties the words nurses and servants were still almost synonymous. It was not until 1886 when the new surgical hospital of the University of Helsingfors was opened, that a somewhat regular training of nurses was organized, and that a one year course was decided upon. Until then half a year had been thought sufficient.

The probationers, however, then had no home. They had to live in the town and this was of course a great inconvenience. It was then that the Nurses' Association was founded, and the nurses decided to take the matter in their own hands by opening a Home for probationers, for which the necessary funds were secured, partly from private friends and partly from the Red Cross Society.

However, the Association could not compel the probationers to live in the Home, and the hospital directors thought it an interference with personal liberty to require it, so the Home became a sort of hotel where the nurses could stay if they liked and as long as they wished. The results of this system were, obviously, a lack of discipline, and advantage taken of the freedom accorded. The pupils who went to theatres or balls in the evening were not fit for their morning's work, and the others had to do double work. Then, as it was impossible to control the places where the nurses lived, cases of contagious disease not infrequently broke out in the hospital, from infection brought by careless pupils.

\* Read at the Paris Conference, June, 1907.



It was at this time that one of our nurses who took a course of training in England had the great privilege of meeting Miss Florence Nightingale, who, with the lively interest she always feels for everything connected with nursing, at once grasped the situation and told our nurse that we *must* make remaining in the Home compulsory for the probationers. She was even kind enough to give a sum of money to be spent in the Home so soon as it should contain all the probationers. This happened only last year, and we are very proud of Miss Nightingale's interest in our work and feel it as a consecration and a stimulus to new efforts. We have devoted her gift to a fund for a library. The house has now accommodation for forty-eight probationers and the work of course goes much better since all are obliged to live together.

The best work our Association has done and that which has brought the greatest improvement in the training, is the preliminary training school which we opened last August, to the maintenance of which, as well as to that of the Home, the Finnish Government is now contributing.

Through the kindness of Miss Lückes, the Matron of the London hospital, who has shown great interest in our work and helped us with advice for which we shall ever be grateful, one of our Sisters was allowed to go through the preliminary training at Tredegar House. On her return she was placed in charge of our preliminary training school, which has now been in operation for two terms with the most satisfactory results.

The probationers remain for two months in the preliminary school and have courses in anatomy, physiology, hygiene, the practice and theory of nursing, bandaging, dispensing, massage, and cooking for the sick. After this they are free from lectures and devote themselves entirely to the practical work in the hospital for the first half of the probation year. During the second half they have lectures in medical and surgical nursing and repetition classes.

The one-year training has now become one and one-half. During the third half year the probationer is appointed as staff nurse (senior) either by day or night.

We are not yet quite satisfied, but wish for a longer training. But our association is young and energetic and will work its way to a thorough course and a high appreciation of the nurse's work.

## CHILDREN'S CALCULATIONS

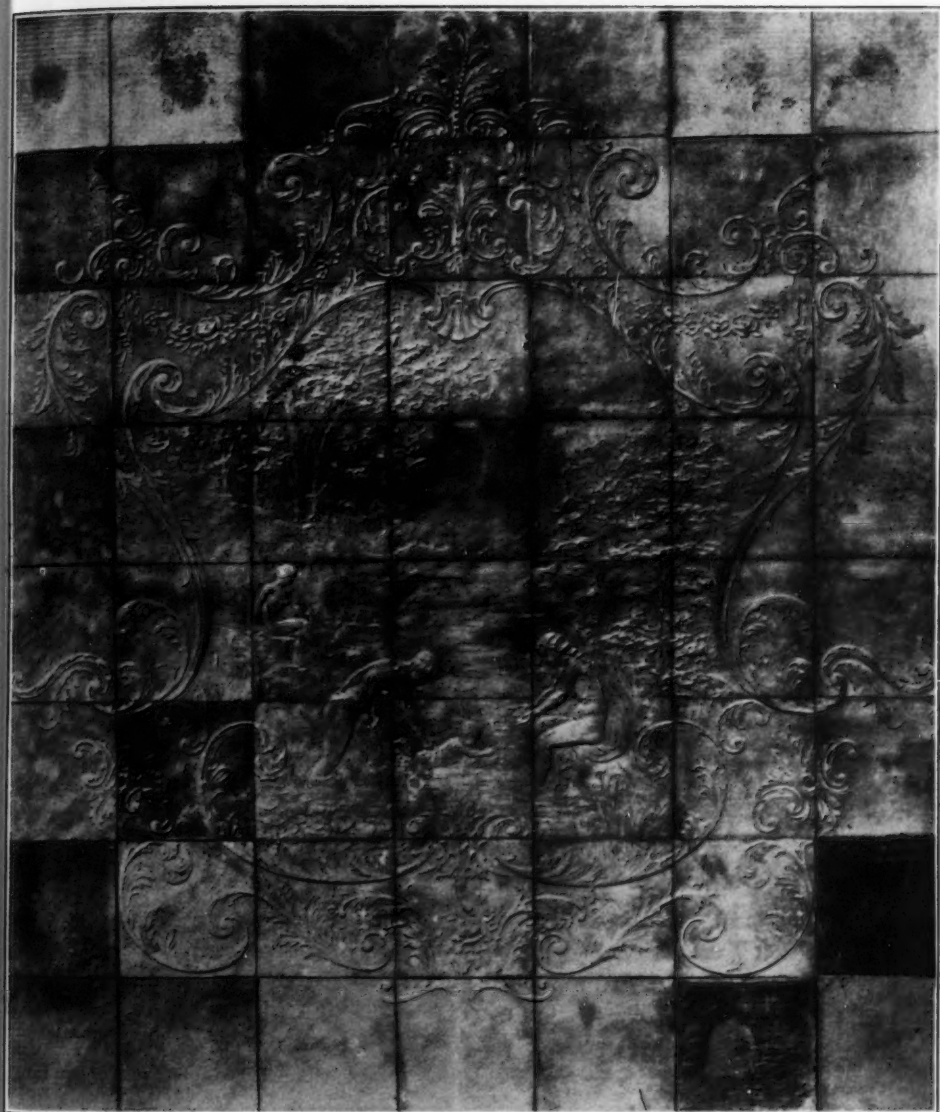
By E. L. G. BROWN

CHILDREN learn to count in school, and they practise it in their cots with the wall paper designs, with the patterns of the quilt or the panes of the window. They like the gay colored patterns and fantastic designs better than the markings on the slate, and they find more meaning in them. All children are the same, they like gay solid figures that are made for them, and the walls and quilts around the childish cots are fuller of interest than those they see when they have outgrown their cots.

That which applies to all children applies most strongly to those who are sick. They have plenty of time for their childish calculations, for the diversions of children in general are denied to them. In the children's wards of modern hospitals gay wall papers are unknown. The sanitary precautions which regulate the use of powerful acids, require even the walls of the wards to be covered with sanitary substances. Much use is made of tile for this purpose, and the pure white in color is the kind most frequently chosen as being the most suggestive of the cleanliness which must characterize everything in a hospital. There is everything to be said in favor of such walls; they can be no aid in spreading infection because they cannot absorb the moisture essential to germ life; and they outlast the remainder of the building, because tile as a building substance has no rival in durability. But if quite unadorned, the white walls are apt to be monotonous. It is possible, however, to apply a decoration to these white tiles which is as lasting as the tiles themselves. They may be beautified by the designer, and there is no reason why the wonderful designs which the museums show in this work should not be found imitated in some small measure on the walls of the institutions which exist for the public good, where they would give pleasure to others beside the children.

But in addition to the decoration of tile by means of designs, there is another form of relieving the monotony of the white which is also lasting. They can be painted upon; and the pictures may be as varied as the painters' ideas in subject. The colors do not fade from exposure to air or light, because the painting is executed in a certain kind of fire paint which, when it leaves the painter's hands, is subjected to a high temperature so that the colors may be burned in. Colored pictures

their  
the  
stic  
an-  
res  
ish  
wn  
  
ose  
ns,  
the  
vn.  
ds,  
ab-  
ite  
ive  
al.  
no  
re  
g,  
if  
os-  
as  
er,  
ns  
re  
re  
  
re  
so  
ed  
re  
of  
a  
es



hav  
the  
som  
the  
pic  
par  
mor

into  
the

“ P  
had  
slas  
pat  
clot  
abd  
set  
cou  
was  
the  
ing  
not  
som  
inq  
star  
hom  
less  
with

twe  
The  
pita

have a fascination for all and for children more especially. Most of the stories they know are learned from pictures; and every picture affords some subject for their calculations. The pictures on the walls are often the most vivid form of their childish imaginings, and give color to the pictures they themselves create. The designs and repeats are so many parts in their chain of calculation, and the more intricate, so much the more interesting are they to them.

Children live much in a world of "make believe," and the more interesting the pictures on the walls, the gayer will be the people in their world, and the easier will be their childish calculations.

---

## NURSING IN MISSION STATIONS

NOTES FROM SEVERANCE HOSPITAL, SEOUL, KOREA.

BY ESTHER L. SHIELDS

Sunday, October 20, 1907.

A five-year-old Korean boy was brought in to-day his father saying, "Please give him his life." The child and his eight-year-old brother had been playing with a sickle yesterday, and in their play, this child was slashed in the abdomen, so that the intestine protruded. The little patient was brought twelve miles this morning, still in his much-soiled clothes, and with a dressing of dirty cotton wrapped around the wounded abdomen. His pulse was very weak, and an active peritonitis had already set in, but Dr. Hirst and Dr. Ludlow went to work to do what they could. To our sorrow, the little fellow died—even before the operation was finished, and it was pathetic indeed to see the father start away, with the small son covered and tied on his back, just as though he were sleeping. The child's mother died a couple of years ago, and the man had not heard of Christianity—so this opportunity was used to tell him something about it, and urge him to read the New Testament and to inquire of Christians near his home that he might thoroughly understand. The Korean nurse said to the father that when he got back home, he should not whip the other child for his unintentional carelessness, for he would be terribly punished by the result of the accident, without adding anything else.

Two maternity cases have been sent to their homes within the last twenty-four hours. One was a Japanese woman with a tiny daughter. The other was a young woman who has been one of the German Hospital Medical School students—(doing nursing during the first years of

her study) and she came in a serious condition because of albuminuria, but after some days of rest and restricted diet,—steam baths and proper medication, her little son was born, no dangerous symptoms accompanied the labor and both mother and babe progressed nicely.

Yesterday a young woman was brought in to the dispensary, pale and sick looking, with the information that for two weeks she had been unable to void urine, except it were forcibly pressed out in *very* small quantities; four months pregnant; lower abdomen much swollen, and the day before the patient was brought here the "chim" (a long needle used by the Korean doctor) had been deeply put into the abdomen to relieve the case. Relief had not been secured, but a catheter allowed the escape of over one hundred and twenty-eight ounces of urine and the patient was once more in comparative comfort. The Korean medical student, a senior, and one of the Korean pupil nurses attended to the case in the brief absence of the American doctor. We are to have a further report to-day, or to see the woman again in the dispensary.

A woman came in almost a week ago for operation upon umbilical hernia.

November 13th. She was operated upon eight days ago. To-day the stitches were removed, and the patient is very comfortable. She had chills and fever and intestinal worms when she came in, and was treated with calomel, santonin and quinine—before the operation could be done. She had a troublesome little cough for a few days after the operation. The doctor was not quite sure whether a slight bronchitis had been caused by the anæsthetic, or by a change in the weather. We very rarely have patients suffer from nausea and vomiting after anæsthetics, if they have gone through the usual preliminary treatment; and santonin is usually considered a necessary preliminary these days here, especially in abdominal cases.

Whether the raw turnips and coarse cabbage, which are "put down" for the winter in large earthen jars, with salt and water, and eaten with the rice, is the cause of so many intestinal parasites, or whether most of them are taken in water and other uncooked food, I do not know. But it is evident that most people here need to occasionally use a vermifuge.

One of the most desperate remedies I have heard of has been the treatment by Korean women of others suffering from prolapse of the uterus. My attention was drawn to the fact, eight years ago when a patient suffering from a complete prolapse was brought to our dispensary. She said that she had used the native treatment without success. The parts protruding had been wrapped in rags soaked in



oil, and while the patient was held down by others, the cloths were set on fire, and burned. Later, I learned that the principle was to burn the tissues enough so that when the uterus was pushed back into place, and the patient kept for a week in a recumbent position, there would be adhesions which, it was hoped, would keep the organ in place.

This treatment was vividly recalled, when, up in our northern station, the doctor was called to see a woman in labor who had been so cared for, and the cervix was so cicatrized and contracted that scissors and knife had to be used to allow the birth of the child.

Later, another case of the same kind, but with cervix less injured, was brought to the missionaries, and as the doctor was away, another nurse and I had to take care of the patient, but the birth was really normal.

The woman who had tried to help the sufferers decided that for women who might possibly become pregnant, she must never interfere, and since the advent of the Western physician she would entirely discontinue her practice. But do you blame either her or the patients? I do not, for the latter were perfectly miserable, and life was such a burden that they submitted to anything which gave the least hope of relief. The hospitals which are now in Korea, and the wide-spread knowledge of them,—even to little country villages, bring many patients of many kinds to a place where more modern methods are applied.



**CREMATION.**—*The Journal of the American Medical Association* quotes from the *British Medical Journal* as follows: Riley considers the subject of cremation historically, legally, hygienically, medicolegally, and from the theological standpoint, and concludes that there is economy, safety and security in it, no offense to the living, nothing out of conformity with the solemn reverence due to the majesty of death, no violation of divine law. While it does upset old ideas, traditions and thoughts, it must inevitably prevail in the end.

## NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

---

THE ROENTGEN RAY TREATMENT OF SWEATING HANDS.—*The Medical Record*, quoting from a German journal, says: Kromayer says that while excessive sweating of the hands or feet can often be controlled by the use of remedial applications, such as chromic acid, formalin, hydrochloric acid, etc., there are some cases in which these fail. Sweating hands are not only a source of discomfort to their possessor, but a positive detriment from the social and business standpoint. The observation that the hands of Roentgen ray workers become very dry led him to investigate the effect of the rays in cases of this sort. While it has not been found feasible to make use of the Roentgen rays as means of destroying superfluous hair owing to the fact that in order to secure permanent atrophy of the hair follicles too great alteration of the skin as a whole must be caused, it appears that the functional activity of the sweat glands may be abrogated without undue risk. The rays must be applied in considerable intensity, however, and in order to do this safely it is necessary to have an exact means of quantitative control. This the author has found can best be accomplished by measurement of the amount of electrical energy consumed by the tube while in operation, and he gives the details of the method in which this principle may be applied in practice. Three cases of excessive sweating of the hands cured in this way are described.

---

CARE OF THE NEW BORN.—Dr. De Witt H. Sherman in a paper in *The New York Medical Journal* speaks of some often neglected precautions during the first week of infant life. He emphasizes the importance of warmth as refrigeration produces a shock, which is momentous to the newly born. The temperature should be taken by rectum and kept above 98° F.

Pain sometimes arises from the fact that too little water is given. Post-mortem examination has sometimes shown orange or light-red color in the kidneys near the pyramids usually due to the ammonium urate,

amorphous urates or uric acid crystals. They are easily washed away with water especially if it contains an alkali. This simple remedy often relieves pain too commonly treated by castor oil. He gives as a routine treatment a little weak sodium bicarbonate water during the first two days of life. He considers the rougher methods of artificial respiration as one cause of physical depression and recommends Byrd's method. The infant lies with its back on the palm of the hand, two fingers supporting its head. The thumb presses one side the chest, the fourth and little fingers the other. The other hand grasps the legs and bends the thighs on the abdomen. As they compress it the chest also can be compressed. As the thighs are extended and the body arched backwards the chest can be released. It can be performed in a warm bath if necessary. He considers the best dressing for the cord a dry sterile gauze, or linen, so applied as to prevent contamination. Gallant recommends Balsam of Peru one part to castor oil sixteen parts, both sterile, applied to the base with a thick dressing of sterile gauze for the cord, the whole held to the abdomen by adhesive straps and changed when soiled, or every third or fourth day under aseptic precautions.

---

FOR ACUTE CORYZA.—*The New York Medical Journal* says: Boulaï employs a solution of atropine sulphate of a definite strength applied to the nasal mucous membrane by means of a swab. According to *La Clinique*, for September 6, 1907, he has employed this method in the case of adults for years with excellent results. The solution is made according to the following formula:

Atropinæ sulphatis.....	0.01 gramme
Aquæ laurocerasi.....	20.0 grammes
Aquæ destillatæ.....	20.0 grammes

Absorbent cotton tightly wrapped around the end of a match [or wooden toothpick] is soaked in the solution and swabbed on the nasal mucous membrane, repeating every half hour at first, and then every hour if necessary, but not oftener than eight or ten times in the day. It is not advised to use the treatment where there is obstruction of the nasal passages.

---

THE CONTAGIOUSNESS OF FOLLICULAR TONSILITIS.—The contagiousness of follicular tonsilitis is pointed out by a writer in the *Journal of the American Medical Association*, for January 4, who advises treat-

ing it with the same local antiseptics and the same preventive measures against giving the disease to others as are used against diphtheria. It seems to be proved that many attacks of acute inflammatory rheumatism begin by the germ entering the system by the way of the tonsils, even if follicular tonsillitis is not present. On the other hand an apparently typical follicular tonsillitis often precedes rheumatic symptoms.

---

POTASSIUM PERMANGANATE AS A STYPTIC.—*The New York Medical Journal* has the following: Dzirne (*Vratchebnaya Gazeta* and *The Prescriber*) has succeeded in checking capillary oozing in operation on parenchymatous organs by applying to the orifice of the bleeding vessel a small crystal of potassium permanganate held with forceps. If there is general oozing from the surface he recommends making pressure with a compress of gauze dipped in crystals of permanganate. At the point of contact an eschar is formed upon the wounded surface, and the bleeding stops. The crystals are preferred to the powdered permanganate, because a smaller quantity can be used to produce the desired effect. The author has never observed any injurious effect from the permanganate.

---

THREE THOUSAND ETHYL CHLORIDE NARCOSES.—*The Medical Record*, in a synopsis of an article in a German Medical Journal, says: Herrenknecht, who has conducted three thousand anesthetics with ethyl chloride without any mishap, considers that when carefully used by those experienced in its administration it is the safest anesthetic at our disposal, not excepting laughing gas. In five cases of the series anesthesia could not be induced owing to the great restlessness of the patients while in the first stage of excitement. The action of the anesthetic may be divided into four stages: First, the pre-narcotic analgesic stage; second, the stage of excitement; third, the stage of deep sleep, and four, the post-narcotic analgesic stage. If the patient shows signs of awakening before the surgical procedure has been finished, a second anesthesia may immediately be begun, but in general for operations that are likely to consume more than five minutes it is preferable to begin with ethyl-chloride and continue with ether or chloroform. Operations requiring only half to one minute may be performed in the pre-narcotic stage. During this the patient is conscious, but has little or no sensibility to pain. Healthy persons are able to walk home alone immediately after the operation. An important observation is that during the anesthesia erotic delusions are often present, so that especially

in dealing with women it is desirable to have witnesses at hand. The author uses an Esmarch chloroform mask with an impermeable covering leaving an empty space between the covering and the flannel. A small circular opening is cut in the covering and through this the anesthetic is sprayed on the flannel. The edge of the rubber covering extends beyond the mask, so that it may be closely adapted to the features of the patient by the fingers of an assistant. Ordinarily 2-3 g. of ethyl chloride are sufficient to produce anesthesia, 5 g. being but rarely necessary.

---

ANNUAL LOSS DUE TO TUBERCULOSIS.—The Monthly Bulletin of the New York State Department of Health is authority for the statement that tuberculosis occasions the United States an annual loss of at least three hundred and thirty million dollars.

---

INCONSISTENCIES OF GAUZE PACK.—*The Journal of the American Medical Association* reports that: DR. HUBERT A. ROYSTER, Raleigh, N. C., said that a strip of gauze is simply a means of applying the law of capillary attraction. Rubber tube and tissue have been substituted, because the gauze so frequently fails to drain, acting as a successful stopper to the outlet. When intended for a drain, gauze should be inserted after the manner of a lamp-wick; when used for hemorrhage, it should be packed in like wadding with a ramrod. There is a field for gauze in packing sinuses, fistulæ and granulating wounds, so that healing may take place slowly from the bottom. The use of gauze to wall off septic matter in abdominal operations is fraught with danger. It necessitates a long incision, undue handling of the viscera, and almost always uninfected regions are in contact with pus-soaked gauze. Exposure of the peritoneum to gauze soaked with pus is just as dangerous as the presence of pus itself among the intestines.

---

RETURN CASES IN SCARLET FEVER.—The same journal quoting from *The British Medical Journal*, says: Habgood points out that of recent years it has been recognized that when "return cases" of scarlet fever occur, the discharged patient will be found to have some purulent or mucopurulent discharge. He thinks that many patients, when sent out free from any nasal discharge, may not at the time be infectious, but that the occurrence of an ordinary attack of nasal catarrh may renew the activity of a few quiescent scarlet fever germs.

## FOREIGN DEPARTMENT



IN CHARGE OF  
LAVINIA L. DOCK

### THE PASTEUR INSTITUTE AND HOSPITAL IN PARIS

To understand the Pasteur Institute in Paris one must read the *Life of Pasteur*, and surely there has been no more beneficent and beautiful life,—none more single-hearted and unselfish in the quest of truth and knowledge, in the purpose of reducing the ills from which living beings have suffered in the past through error and ignorance. Pasteur's biographer says of him "The work of Pasteur is admirable; it shows his genius, but one must have enjoyed his intimate friendship to know the extent of his heart's goodness." \*

Pasteur was born in 1822, and twenty years later came to Paris to study chemistry. He is described as a grave, sincere, almost shy youth whose unobtrusive manners covered an immense enthusiasm and generous emotions. This great man, who was to revolutionize medical science and fight to the death an ancient and orthodox medical belief in the spontaneity of disease, never studied medicine. There were times when he regretted this, for many of his contemporaries were jealous of chemists and made him feel that he was not in the charmed circle. When he was elected Associate of the Academy of Medicine it was only by a majority of one. Some of the orthodox of that day had queer sacerdotal ideas;—there were those, for instance, who held that "physiology could not be of any utility in medicine, and was only a '*science de luxe*' which could perfectly well be dispensed with."

There were, however, others more awake, for another great man, Lister, who brought about the technical revolution in surgical methods, wrote to Pasteur in 1874 in a charming letter that his work had first aroused his—Lister's—attention to the germs of putrefaction, so that these two heroes of science may be regarded as having gone forward together.

Pasteur's work is divided by Vallery into three epochs, developing from his three great discoveries, namely: 1. Every fermentation is

\* *La vie de Pasteur*, by René Vallery, Paris, 1900.



the product of the growth of a special microbe. 2. Every infectious or contagious disease is caused by the growth within the organism of a special microbe. 3. The microbe of an infectious malady, cultivated under certain fixed conditions, becomes attenuated in its noxious activity. From a virus it becomes a vaccine.

Thus Pasteur successively completed his studies in alcoholic fermentation, and lactic acid fermentation, which have been of such great benefit to industrial production; studied and solved the silk-worm disease, and then, impelled always by an intense love of humanity, turned his attention to virus-ferments and did his great work in the diseases of animals and men. Here again he met bitter opposition from the old school, who refused to admit any similarity between veterinary medicine and the treatment of human beings. The thought of anti-toxins was first his, and patiently and with confidence he carried on his experiments until he had perfected the serums with which to destroy dreaded infectious diseases of sheep, chickens, hogs, cattle, and, finally, of dogs and man.

The enormous economic value of Pasteur's discoveries was indicated by Huxley, who said that they had more than saved, up to his time, the sum of five billions paid by France to Germany in 1870. The work of Pasteur laid the ground-work of modern preventive medicine. He felt this, and wrote in 1877 to Bastian, one of his opponents:

Do you know why I consider it so important to combat with and to defeat you? It is because you are one of the special believers in the medical doctrine of the spontaneity of maladies, which is, in my opinion, fatal to the progress of the healing art.

His studies in spontaneous generation, with the famous resulting dictum "no life except from previous life" were begun in 1860. If, to-day, the researches of Dr. Loeb and others seem to be approaching a solution of the first alteration of inanimate matter into a living tissue, yet for practical purposes in the treatment of disease, in nursing, and in prevention of contagions, this dictum "no life except from previous life" will never be overthrown, and Pasteur himself always admitted, and with reverence, the mystery of the transformation of inorganic into organic matter, and this mystery he did not attempt to explain. His work was to show how infectious diseases might be robbed of their terrors, and how their mysteries might be explained. It was as a result of his investigations into hydrophobia that the first steps toward the Institute were taken. The Academy of Sciences had appointed a committee to examine the question, and it recommended the opening of an

institute for the treatment of rabies. The subscriptions opened were international, for these patients had been coming from all over the continent and even from America, and the Institute was opened in 1888. It rapidly became too small, and, in 1894, after a dynamic report read at Buda-Pesth by Dr. Roux, Pasteur's intimate pupil and colleague, upon the results of treatment of diphtheria by the serum of Behring and Kitasato, a fresh subscription was opened by the "Figaro" to establish a stock-farm for the manufacture of the diphtheria antitoxin. Subsequently, the Baroness de Hirsch gave the funds to enlarge the Institute by the erection of a new chemical laboratory, and an anonymous benefactress built a model hospital of one hundred beds for the treatment of contagious cases. Even yet, the Institute is not complete on all lines as indicated by the various studies inaugurated by Pasteur, but it will doubtless continue to develop, and in the meantime it is in the relation of a motherhouse to numerous similar "Pasteur Institutes" that have been established in many parts of the world. It is not under the control of the *Assistance Publique*, but has its own government. The hospital therefore is not in the group of municipal hospitals.

Pasteur is buried in the Bacteriological Building. His tomb stands in the midst of a vault somewhat resembling a small chapel. Its walls and ceiling are covered with mosaics which symbolize the works of the great master; on green fields wander the fowls, the sheep, the fat piggy, and the herds; the silk-worm weaves its cocoon and the vine with purple grapes decorates the border. On the ceiling are the allegorical figures of Faith, Hope, and Charity; and to them has been added a fourth figure—Science.

Over the entrance steps are the beautiful words of Pasteur:

*Heureux celui porte en soi un Dieu, un idéal de Beauté,*

*Et qui lui obéit.*

*Idéal de l'Art, idéal de la Science,*

*Idéal de la Patrie,*

*Idéal des vertus de l'Evangile.\**

In the Bacteriological Building are the divisions for the treatment of rabies, and the laboratories for the preparation of antirabic vaccine from the brains of inoculated rabbits; rooms for the making of culture media, dark rooms for microscopic photography, a room for dissection

---

\* Happy is he who bears within himself a Divinity, an ideal of Beauty, and who obeys it: ideal of Art, ideal of Science, ideal of Country, ideal of the virtues of the Gospel.

of large animals, and laboratories for agricultural *microbie*. There are also the extensive and perfectly equipped suites for original research work, under the direction of Metchnikoff, Chamberland, and Roux, and the suites for study courses in bacteriological technique, and the dispensaries for the different vaccines to immunize live stock against their most formidable diseases.

In the serumtherapy division all the wonderful antitoxins are made: that of diphtheria, of tetanus, of the plague, and the antistreptococcic serum. The use of the antitetanic serum is now obligatory in the army.

It is impossible for me to give even an outline of all the many departments and services of this temple of science, nor do I wish to describe the hospital for animals nor the colonies of the various animals, large and small. Vast and unspeakable as are the benefits conferred upon man and upon the animal world as well, by these researches of science, one feels more than ever convinced that experiments on animals should be regulated and supervised by the government or by special commissioners, with the severest scrutiny, and only permitted under the direction of men who, like Pasteur and his colleagues, are humane as well as scientific.

In spite of myself I could not restrain a sensation of horror in learning that under Metchnikoff's direction a search for an immunizing or curative serum against syphilis is now being conducted by experiments on monkeys. A disease whose cause is perfectly well known, and whose prevention lies in sexual morality—will not such a serum simply make immorality safe and remove the one deterrent that is most potent by removing the fear of disease?

I asked something of this kind, but the physician who was showing us about said "Think though that the greatest number of victims are innocent." Nevertheless, I insisted, medical men have been very guilty in not teaching physiological morality, and now they are only working at results, not at causes. He replied that Metchnikoff did insist upon the necessity of moral teaching, and that he was the chief promoter of moral instruction that is now, in France being widely given to young men in colleges and to boys in school. So far the results of this experimentation have been negative.

The Pasteur hospital is very beautiful and quite unique in its details. The walls of the corridors are of glass, through which one sees into the small individual rooms. The upper parts of the dividing walls are also of glass. Everything is of the most scrupulous surgical cleanliness and all appliances and fittings are of the very latest in hos-

pital perfection: The anonymous donor stipulated that the nursing service should be given to a religious order, and a staff of Sisters belonging to an Irish mother house, or at least of Irish extraction, has been placed there. The order is a comparatively modern one and the Sisters are practical nurses. The Mother Superior, before taking charge, went through the English hospitals and studied nursing methods,—so we were told by the Sister who showed us around, and who spoke her fluent French with the prettiest little touch of Irish brogue. The Sisters here do all of the real nursing themselves—there are no servant-nurses, though there are some lay-sisters for the cleaning. They wear full white linen gowns which completely cover their black habits, and an extremely pretty and becoming white headgear. In each patient's room hangs another gown, and on entering, the nursing Sister puts this on, and takes it off on leaving. The patients show that they are well cared for, and these Sisters are ready and willing to show their case histories and to explain about the treatment. It is evident that they have the real nursing spirit. I must close in quoting two sentences of Pasteur's which seem to me of universal application: "If I spent a day without work," he said once "I should feel as if I had committed a theft." And of theory and practice he said "Without theory, practise is only a routine given by custom."

---

#### ITEMS

*The Nurses' Journal* (organ of the Royal British Nurses' Association) calls the last attempts of the Hospital Central Committee to get the nurses in its grip "a moral and mental somersault."

MOST of the English training schools, says *The British Journal of Nursing*, have lengthened their course of training to four years. At the Royal Edinburgh Infirmary a good set of post-graduate lectures has lately been established.

THE daily papers report the final exit of the Augustinian nuns from the Hotel Dieu of Paris, on January 15th, and *The British Journal of Nursing* describes a touching scene when they left, M. Mesureur having addressed them with great kindness and consideration.

THE latest numbers of *The German Nurses Journal* contain interesting accounts of Sister Karll's travels in behalf of organization, and the relation of the entire early growth of the modern movement in Germany—splendid material all ready for the third volume of the History of Nursing. The German Nurses' Association is now developing

local branches, and Cologne has an active center, closely affiliated with the central office in Berlin.

MISS PEARSE, the able and enthusiastic head of the London County Council Public School Nurses, has been called into conference with the consultation committee of the Board of Education, in regard to the age of admission for very young children. Miss Pearse is also to have in charge a nurse from Holland, who is being sent to London to study school nursing. It is gratifying to know that this is an outcome of the papers on School Nursing read last summer in Paris.

THE recent numbers of *La Garde-Malade Hospitalière* published in Bordeaux give a full list of all the notable persons who have visited the Bordeaux schools of nursing and that of Béziers. The list is indeed an impressive one, and contains many of the most important officials and men in public life in France. It is most encouraging to know that the admirable work in nursing reform in the south of France is receiving the careful scrutiny of governmental heads and of important physicians. A full account of the school at Béziers is also given,—interesting and valuable history.

THE report on nursing in Finland, read at Paris and given in this number, was one of the great successes at the Paris Conference and Mme. Mannerheim, the nurse in charge of the Surgical Hospital in Helsingfors, took all hearts by storm. She has written lately with much hopefulness of the nursing outlook in Finland. The association has issued its own Journal and various other good things are being planned, but the daily press gives sinister hints of impending political trouble for Finland, and a gloomy foreboding for that brave and enlightened country presses on our spirits. May it prove to be unfounded.

THE French Minister of War intends placing trained nurses in the military hospital of Val-de-Grâce, and has sent circulars to all the French schools announcing the conditions. They do not seem to us very well advised, nor promising for success, but time and experimentation will show. The nurses will be chosen from graduates of schools approved by the Minister. There is to be no superintendent of nurses, not even a head-nurse—a serious omission. Nurses cannot do their best when dropped into a hospital under the sole direction of physicians and military administrators, as we know by experience. There must be a woman head, proper grading of rank, and the ward management must be in the hands of a head-nurse, to give the best results. Military house-keeping is a fearful and a wonderful thing.

## THE VISITING NURSE DEPARTMENT



IN CHARGE OF  
HARRIET FULMER

### BEST HELPS TO THE IMMIGRANT THROUGH THE NURSE

By LILLIAN D. WALD  
Head Worker, Nurses' Settlement, New York

A PHASE of visiting nursing that to our "settlement mind" is not sufficiently emphasized in the training of the pupil nurses during their period of education is that relating to their great privilege to perform a large as well as a most modern service. They have unequalled opportunity, in certain conditions of the life and social surroundings of their patients in congested quarters, to help the strugglers on a foreign soil to understand the requirements of Anglo-Saxon law and order and to bring to them a conception of American ideals that will go toward creating among the immigrants a realization of what is good in American life. No district nurse who has intelligent perceptions and education has failed to recognize the potentialities for good in the simple stranger or has not felt it incumbent upon herself to translate into elementary terms the laws that affect the welfare of these patients of hers. On the other hand, it has seemed a golden opportunity lost when the nurse through failure of education on her part has been unable to point out the laws that touch the people in their daily lives and to explain the reasons for their enactment and the standard of the civilization the immigrant must face. What greater value can an intelligent nurse have who, going into the homes of the poor and having some knowledge of these laws, can explain them to the family with whom she comes in contact? She, as an educator,—for that we have long since called the district nurse,—must be also a believer in the enforcement of law, and if at times the laws seem to her unwise and to bring undue hardship in their enforcement, she can do no better service to society than to express her opinion to those people in her community who are more familiar with the law and who through her contribution as to its working may have further light upon its reasonableness.



**CHILD LABOR LAWS.**—As illustration: A nurse familiar with the laws of her locality that affect the labor or the education of the children would know that states advanced in protective and educational legislation have expressed a growingly high sense of society's obligation to the child. Generally speaking the standard of advanced communities requires that a child shall remain in school until fourteen and that the working papers (or permission to be employed) shall not be given unless the child is fourteen, and can present satisfactory proof of age and also of a minimum amount of education.\* The idea underlying this is that the children are protected in the present and the future by their education. They are less helpless physically as well as economically if they have had a chance to grow and have not been cheated of their childhood.

**HOUSING CONDITIONS AND SWEATED TRADES.**—The conditions of tenement house industries involving older women who should be caring for their children, or stealing the school time of the children themselves for the sweated trades, or taking the all too limited home space for factory work is one other evil that should stir the questionings of the district nurse. There have been nurses—to them much gratitude is due—who have not been content with ineffective comment on the sanitation of the dwellings and the hygiene of the homes, but who have taken the matter seriously and have contributed valuable information gained through their wise and sympathetic interest in the patients living under such conditions. In large measure the same qualities of affection and interest and sympathy have enabled them to train and educate (according to American standards) the simple and unsophisticated among the families themselves.

**MORAL PROPHYLAXIS.**—Another phase of the social opportunities of the nurse is the occasion so often presented to her to talk frankly and wisely on the subject of sanitary and moral prophylaxis in sexual hygiene. The community is growing out of its false conventional attitude in relation to this most serious question, and no more far-reaching education can be given than intelligent knowledge of the danger that lies in neglecting this subject. The doctors have taken it up and have organized for the purpose of spreading truth among the laity as well as to stir up a sense of obligation among the physicians themselves.\* Who more than the district nurse has the opportunity of unforced occasions for helping the mothers to deal with knowledge and delicacy with their sons and daughters?

---

\* New York State Child Labor Regulation.

\* Society for Sanitary and Moral Prophylaxis.

These suggestions are but few among the many far-reaching opportunities of the district nurse. They do require education in addition to the conscience which demands faithful responsibility for the physical welfare of the patients. Those conditions toward the improvement of which—if not the cure—the nurse may contribute, lie at the basis of our national and municipal life. They are not outside the nurse's duties or interests but form the very groundwork of them and are parallel in importance to all of her skill and training in the prevention of illness, which to-day we recognize as more fundamental and more important than mere ameliorative treatment. District nursing of to-day follows the tradition of its earliest conception. It has been used since the beginning of its history to carry propaganda as there has been always an enthusiastic belief in the possibility of the nurses as teachers in religion, cleanliness, temperance, cooking, housekeeping, etc. My argument loses none of its force, I think, if much of this education has seemed to her lost energy because with greater knowledge and wider experience she has learned that the individual is not so often to blame as she at first supposed, but while the district nurse is laboring with the individual she should also contribute her knowledge toward the study of the large general conditions of which her poor patient may be the victim. Many of these conditions seem hopelessly bad but many are capable of prevention and cure when the public shall be stimulated to a realization of the wrong to the individual as well as to society in general if such are permitted to persist. Therefore her knowledge of the laws that have been enacted to prevent and cure, and her intelligence in recording and reporting the general as well as the individual conditions that make for degradation and social iniquity are but an advance from her readiness to instruct and correct personal and family hygiene to giving attention to home sanitation and then to city sanitation—an advance from the individual to the collective interest. The subject is tremendously important, even exciting, and adds the glamor of a wide patriotic significance to the daily hard work of the nurse. The prevalence of tuberculosis, for instance, brings attention directly to conditions of industry and housing; next, to hours of work, to legal restrictions, to indifference to the laws, to possible abuse of the weaker for the benefit of the stronger.

It is a splendid vindication of the value of comprehensive education and stimulated social conscience that the district nurses who have had this vision of their office have been the most faithful and hard-working and zealous in their actual care of the sick. Look carefully over the daily records of their work and you will find that the best technical

nursing has been done, actual nursing that entails return visits to the patient and careful attention to professional detail, and that unremitting care, I take it, is because a wider vision makes for thoroughness as an all important educational, social and humanitarian necessity where the patients are concerned.

These opportunities that I have so slightly touched upon bear the closest relationship to the immigrants because they are the most helpless of our population and the most exploited; the least informed and instructed in the very matters that are essential to their happiness. The country needs them and uses them and it is obviously an obligation due them as well as a safe guarding of the country itself to give them intelligent conception and education of what is important to their and to our interests. This phase of district nursing is not remote from the duties already established by nurses in the exercise of their daily work. It is in the hope of an extension and expansion of these functions on their part as well as of a realization of what an educator in the homes of the immigrants may entail on the part of those who educate them and prepare the nurses for the district work that I present this brief paper.

---

#### ITEMS

PITTSFIELD, Massachusetts, is organizing a Visiting Nurse Association.

A Visiting Nurse Association was organized in Memphis, Tennessee, January 23rd.

THE Woman's Club of Pepperell, Massachusetts, is contemplating the support of a nurse.

MISS HEDWIG JOHNSON, graduate of the Evanston Hospital, Illinois, has been appointed to succeed Miss Warren as Visiting Nurse in Evanston.

THE CLEVELAND CLIFFS IRON COMPANY is about to establish a visiting nurse in connection with the welfare department of its plant at Ishpeming, Michigan.

A VERY interesting little book to visiting nurses is "The Queen's Poor" by Miss M. Loane, published by Edward Arnold, 41 Maddox Street, Bond Street, W., London.

Mrs. QUINTARD, superintendent of the Philadelphia Visiting Nurse Association, has a notice on another page, that the position of assistant superintendent in that society is vacant.

NEWS comes from St. Albans, Vermont, that the Woman's Club of that city supports a visiting nurse. A recent item in this department that the Hull House Woman's Club, Chicago, was the only club doing this, was an error.



HYOSCINE HYPODERMIC ANESTHESIA.—*The Annals of Gynecology and Pediatrics* has the following: The technic of this method (F. B. Kirby, M.D., *New York Medical Journal*,) is as follows: The patient is given a hypodermic injection of hyoscine hydrobromide, 1-100 grain; morphine hydrochloride, 1-4 grain; cactin, 1-67 grain. The room is preferably darkened, and the patient encouraged to go to sleep. One hour later, a second dose is administered, and a half hour later the operation may be begun; but if not completely "under," a few drops of chloroform will suffice. The drug ingredients must be chemically pure. Scopolomine as used abroad is not identical with scopolomine in this country nor with hyoscine. In obstetrical work this method is most beneficial. Here half the dose is often sufficient, with the omission of morphine in the second dose. The first dose given at the onset of severe pains and the second at the beginning of the second stage. No untoward results have been observed. This anesthesia is too profound for minor surgery, and should be used with care at the extremes of life. In railway and other accidents where many are suffering pain, it will be of inestimable value. Here twenty-five or fifty people could receive preliminary pain-relieving treatment, while one was being cared for by ether anesthesia, and in the hour and a half necessary could be transported to a suitable place for care.

Thompson (*International Journal of Surgery*), speaking upon anesthetics, also refers to this method with commendation. He has tried it in obstetrics and also in a case of severe nervous headache or cranial neuralgia, with splendid result, one injection being sufficient. Relief was obtained in thirty minutes, the patient going into a profound sleep and awakening in six hours perfectly well.

## LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

MY DEAR EDITOR: I have been asked to read a paper at the San Francisco Convention on "The sliding scale of charge: How shall we regulate it? Who shall regulate it?"

May I ask the readers of the JOURNAL, through your pages, for some information bearing upon this most important problem.

I will be glad if those nurses who reply will sign their names to their letters, though no names will be used; also I ask for information at once, as it will be *impossible for me to utilize any material which reaches me later than the middle of April.*

Will all nurses willing to furnish material be so good as to answer the following questions, rather briefly, numbering the answers.

1. In what state are you working?
2. What is your regular charge?
3. Do you ever work for less?
4. Do you keep regular accounts of your earnings and expenses?
5. What was your total income in the last year of which you have record?
6. How many weeks did you work?
7. How many weeks did you work for less than your regular charge?
8. When you were unoccupied was it from choice or because of a scarcity of work?
9. What does room rent cost you per year?
10. What does laundry cost you per month?
11. What does board cost you when off duty?
12. How much money do you plan to spend each year for nursing books and journals?
13. How much money do you lay by each year?
14. Are you contributing to the support of any one besides yourself?
15. Do you consider yours an average experience?
16. Tell me, very briefly, how you would answer the question which is to be the title of this paper.

Please mail replies direct to me and as it will be impossible for me to take time to acknowledge each one separately, please allow me to express my thanks now in advance.

GRACE HOLMES,  
483 Clinton Avenue,  
St. Paul, Minnesota.

DEAR EDITOR: A patient who is a lawyer told me some time ago that he had been instrumental in passing a bill whereby the R.N. of the nurse, like the M.D. of the doctor, shielded one from the necessity of divulging professional secrets, even in court. This was news to me and I have found it so to every graduate to whom I have mentioned it. I send you copy of this, hoping you will publish it in your valuable JOURNAL, if you consider it of sufficient value to the profession. I think it might be interesting at this time and be better understood, having been illustrated every day in the Thaw trial.

The pronoun "he" in all legal papers includes feminine as well as masculine gender, so the article is not to be construed as applying only to male nurses.

The lawyer tells me also, that a nurse who claims to be a graduate of a school registered under the University of the State of New York, or otherwise represents herself to be a registered nurse when she is not, is liable to the same legal action she would incur by signing R.N. after her name.

C. B. C., R.N.

Code of Civil Procedure §834, Am'd, 1904, 1905.

Physicians or professional registered nurses not to disclose professional information.

"A person duly authorized to practice physic or surgery, or a professional or registered nurse, shall not be allowed to disclose any information which he acquired in attending a patient, in a professional capacity, and which was necessary to enable him to act in that capacity; unless where the patient is a child under the age of sixteen, the information so acquired indicates that the patient has been the victim or subject of a crime, in which case the physician or nurses may be required to testify fully in relation thereto upon any examination, trial or other proceeding in which the commission of such crime is a subject of inquiry.



§836 (Am'd 1893, 1899, 1904).

Applications of the last three sections.

The last three sections apply to any examination of a person as a witness unless the provisions thereof are expressly waived upon the trial or examination disclose any information as to the mental or physical condition of a patient who is deceased, which he acquired in attending such patient professionally, except confidential communications and such facts as would tend to disgrace the memory of the patient, when the provisions of section eight hundred and thirty-four have been expressly waived on such trial or examination by the personal representatives of the deceased patient, or if the validity of the last will and testament of such deceased patient is in question by the executor or executors named in said will, or the surviving husband, widow or any heir-at-law or any of the next of kin, of such deceased, or any other party in interest.

In an action for damages for a personal injury, the testimony of a physician or surgeon or a professional or registered nurse attached to any hospital, dispensary or other charitable institution, as to information which he acquired in attending a patient in a professional capacity, at such hospital dispensary, or other charitable institution shall be taken before a referee appointed by a judge of the court in which such action is pending; provided, however, that any judge of such court at any time in his discretion may, notwithstanding such deposition, order that a subpoena issue for the attendance and examination of such physician or surgeon or professional or registered nurse, upon the trial of the action. In such case a copy of the order shall be served together with the subpoena.

The waiver herein provided for must be made in open court, on the trial of the action, or proceeding, and a paper executed by a party prior to the trial, shall be insufficient as such a waiver.

[This statute has been referred to in the JOURNAL before, but has never been given in full.—Ed.]

DEAR EDITOR: In the JOURNAL of this month, I notice a request for some history of the clinical thermometer and I am sending you a little ancient history I have on the subject.

"The first use and the first accurate description come from Leurecheon, in 1624, but the real inventor of the instrument was Galileo between 1592 and 1597. This is proved, not from any state-

ments of the inventor, but from letters written to him and the proof is complete. This first thermometer consisted of a bulbed tube, inverted in colored water, in which the liquid rose and fell with temperature of the bulb. In 1632 Dean Rey made a water thermometer, in which the expansion of the fluid replaced that of air, and not long after this Ferdinand II of Tuscany, by sealing the top of the tube, gave approximately the modern form to the instrument.

In 1714 Fahrenheit constructed the first mercury thermometer, with a reliable scale. Reaumur was the first to use the melting point of ice for zero. The first to adopt  $0^{\circ}$  and  $100^{\circ}$  for the two points was Celsius, which was finally changed to the centigrade scale."

You may have much better historical facts sent you about this common little instrument, which we all use so much—but there may be something here to help.

EMMA J. KEATING, R.N.



#### WHO IS INTERESTED IN THIS INTERNATIONAL CONGRESS OF TUBERCULOSIS?

THE Federal Government is interested. There are nine departments in the United States Government, and seven of them will participate in the Congress.

The State Governments are interested. There are forty-six states, and every state has its own committee. Thirty-seven of these state committees are at work. In thirty of these states the governors have expressed their interest in the Congress, and many of them have given most explicit instructions asking all the municipalities and other local governments, and the voluntary agencies, to combine for the purpose of securing to the state the utmost possible benefit from this International Congress. How does your Governor stand on this matter?

Foreign countries are interested. The following countries have been heard from and will be represented: Great Britain (including her more important provinces and colonies), France, Spain, Italy, Germany, Switzerland, Holland, Belgium, Denmark, Sweden, Norway, Russia, Austria, Hungary, Bulgaria, Greece, Argentine, Brazil, Uruguay, Chile, Colombia, Ecuador, Guatemala, Peru, Venezuela, Porto Rico, Cuba, Hawaii, Japan.

Are you interested? Do you want to see the preliminary announcement? Ask some member of your State Committee about it, or else write to the Secretary-General, 714 Colorado Building, Washington, District of Columbia.

## OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

### ANNOUNCEMENTS

#### THE ASSOCIATED ALUMNAE MEETING

THE eleventh annual meeting of the Nurses' Associated Alumnae of the United States will be held in San Francisco, California, May 5 to 8, 1908. The meetings will be held in Golden Gate Hall, 2137 Sutter Street, an auditorium with good acoustic properties, accommodating seven hundred people, and with dressing and committee rooms attached.

#### REGISTRATION

On Monday, May 4th, from three to five P.M., and on Tuesday, May 5th, from nine A.M. till noon, the treasurer and secretary will be found in one of the committee rooms of Golden Gate Hall to receive dues and to register delegates, permanent members, and visitors. Delegates should plan to reach San Francisco not later than Monday afternoon.

#### MEETINGS

The first meeting will be held on Tuesday, May 5th, at two P.M., when addresses of welcome and responses will be heard, and the president's annual address will be given.

On Wednesday, May 6th, at ten A.M., there will be the roll call and every delegate should be present to respond for her association. After this, reports of officers and of committees will be read, and then some very interesting papers on the general topic "The Nurse in Preventive Medicine." Under this heading will be taken up such subjects as "The Nurse in the Public School," "Tuberculosis Dispensaries," and "Children's Clinics," followed by a discussion. Every delegate is asked to come prepared to tell what her association is doing along the lines of public health, preventive medicine, and almshouse nursing. The morning will close with a paper on Red Cross work.

On Wednesday afternoon, the topic will be "The Curriculum," with such sub-headings as "What is Being Taught and Why?" "Visiting Nursing as a Part of the Course," "Nursing of the Insane as Part of a Three Years' Course," "Duty of Training Schools in Preparing Young Women to Take Part in the Anti-Tuberculosis Campaign." Other subjects will be "The Home Life of the Pupil Nurse,—Existent and Ideal Conditions," "Self Government in Nurses' Homes."

Thursday will be given up to papers related to private duty, beginning with one on "Club Houses and Registries." "The Question of a Nurse's Charges" will follow, with "The Responsibilities of the Private Duty Nurse

in the Work of Local and State Associations," followed by a fine group of papers on practical nursing subjects.

Friday will be devoted to association work. The Inter-state Secretary's report will begin the day, and papers will be given on "The Effect of Registration on the Profession and on the Individual," "Difficulties of Examining Boards," "Work of the State Association after Registration has been Secured," "Progress of Registration in Foreign Lands."

There will be a question-box to fill in intervals not otherwise occupied, and every association is asked to send by its delegate some question which will arouse interesting and useful debate.

#### ACCOMMODATIONS

The St. Francis Hotel, Geary and Powell Streets, has been selected as headquarters, and most reasonable rates have been secured. For two in a room, with a bath, two dollars and a half each. Without a bath, one dollar and a half each. These prices do not include meals. The California nurses send word that it will be necessary to secure rooms as far in advance as possible, and those who know they are going should apply at once. Address Miss S. Gotea Dozier, 4 Steiner Street, San Francisco.

#### RAILROAD ARRANGEMENTS

No reduction in rates has been secured, as a sufficiently large attendance cannot be guaranteed, though every effort for such consideration has been made. All that is offered is a "nine months' tourist ticket," which is, as its name indicates, good for nine months; it has very broad stop-over privileges, it may be used with either Pullman or tourist sleepers, and the person purchasing it can go by one road and return by another.

#### PRICES OF TICKETS

From Chicago to San Francisco and return.....	\$110.00
From Omaha, Kansas City, to San Francisco and return.....	90.00
From St. Louis, Memphis, New Orleans, to San Francisco and return .....	102.00
From St. Paul and Minneapolis to San Francisco and return..	105.00
From New York (via N. Y. C or Penn. R. R. to Chicago) to San Francisco and return.....	148.20
From New York (via Lehigh Valley, Wabash, or Nickel Plate to Chicago) to San Francisco and return.....	143.70
From Boston to San Francisco and return.....	149.80
From Washington, D. C., to San Francisco and return.....	138.80
From Philadelphia (via Penn. R. R. to Chicago) to San Francisco and return .....	145.05
From Philadelphia (via Baltimore and Ohio) to San Francisco and return .....	142.80

#### PULLMAN CAR RATES

New York, Philadelphia, Washington, to Chicago.....	5.00
Boston to Chicago .....	5.50
Chicago to San Francisco.....	14.00

TOURIST CAR RATES

Chicago to San Francisco.....	7.00
-------------------------------	------

A tourist car is like a Pullman, except that it has rattan-covered seats. The berths are comfortable and the bedding is clean. These cars have good porters and are clean when they start but when used by the general public they do not always stay clean. It is hoped that enough delegates will start from Chicago together to take one or two tourist sleepers and fill them.

OFFICIAL ROUTE

As no special rates are given, no party will be formed. Each delegate must decide for herself what route she will take and what arrangements she will make. The railway officials, whose addresses are given later, will be glad to furnish any information. The officers of the Associated Alumnae have made the following plans for their own journey and will be glad to have others join them if they wish.

They will travel by the Rock Island Road, in a tourist sleeper, using the following itinerary:

Leave Chicago, LaSalle Street Station, Rock Island Road, Sunday, April 26, 10.32 p.m.

Reach Denver, April 28, 8 A.M. Stop-over of one day.

Reach Colorado Springs, April 29, 10.45 A.M. Stop-over of one day.

Reach Salt Lake City, May 1, 12.50 noon. Stop-over of one day.

Reach San Francisco, Sunday, May 3, 7.28 p.m.

There will be no hotel expense during the trip as the sleeper will be used at night at stop-over places. The price of the sleeper for each person will be about ten dollars.

Those wishing to take this trip should send their names and addresses to one of the Rock Island officials, specifying the Associated Alumnae trip,—Mr. A. B. Schmidt, 91 Adams Street, Chicago, or Mr. R. S. Graham, 401 Broadway, New York City. Through these officials tickets can be purchased and all arrangements made.

Should a large party of nurses be leaving any city east of Chicago together, it may be better to secure the exclusive use of a Pullman car to Chicago. This can be done if there are as many as fifteen, without additional charge. Arrangements will be made through Mrs. Twiss.

MEALS

It must be distinctly understood that prices of meals are not included in any of the above rates. Dining cars, with meals served a la carte, accompany both Pullman and tourist sleepers and there are lunch rooms along the way where stops are made. The tourist sleepers furnish boiling water for the making of tea or coffee, and lunches can be taken.

"SEEING CHICAGO."

The Illinois State Association of Graduate Nurses wishes to show every possible courtesy to nurses passing through Chicago en route to San Francisco,

and has appointed a committee for this purpose. Inquiries as to lodgings and the best way of employing the time at one's command should be addressed to Miss Helena McMillan, Presbyterian Hospital, the chairman of the committee.

#### RETURN JOURNEY

There will be no attempt made to bring a large party home together, as there are so many different routes to be taken and some will wish to stay on the coast for a time. We suggest the following for return routes.

**The Santa Fe.** This takes a southern route, going by way of Santa Barbara, Riverside, Los Angeles, and a stop can be made at any of these places or at the Grand Canon, reached by way of Albuquerque. This requires a stop of two nights and a day. Mrs. Virginia Coddington, a nurse living in Gallup, New Mexico, suggests that from that place trips can be made to the Navajo and Zuni Indian reservations. She will be glad to send information to any desiring it.

**The Burlington.** This takes one through the mountains and gorges of Colorado or along the Mississippi River for a way.

The Northern Pacific and Canadian Pacific charge fifteen dollars more for the return ticket, the amount required for the trip to Portland where they start. The Northern Pacific takes one near the Yellowstone Park, available for those staying as late as June 15th, its date of opening. In the January JOURNAL the statement was made that a camping party to the Yellowstone would be conducted by Miss Sly, and she has received many inquiries on the subject. Her letter to the JOURNAL was misunderstood. She intended to recommend such a camping trip as one she had proved to be pleasant, but not to give the impression that she would conduct it. The Canadian Pacific is built through the magnificent mountain country of the northwest.

#### TWENTY-FOUR DAY TRIP

The Northwestern Road offers a very interesting and not expensive twenty-four day trip, which can be taken if as many as eighteen desire it. A tourist car will be taken and used as a sleeping place at all stop-over places except San Francisco. It will be personally conducted by a responsible travelling agent of the Northwestern road, who will make all arrangements during the journey and, if desired, accompany the party to points of interest at stop-over places.

The proposed itinerary is as follows:

Leave Chicago, Thursday, April 30, 10.35 A.M. Northwestern Station.

Reach San Francisco, Monday, May 4, 12.48, noon.

Leave San Francisco, Saturday, May 9, 8 P.M.

Stop at Santa Barbara one day.

Stop at Los Angeles nearly four days.

Stop at Riverside one day.

Stop at Salt Lake City on Sunday when the wonderful music can be heard.

Stop at Glenwood Springs one day.

Stop at Colorado Springs one and one-half days.

Stop at Denver one and one-half days.

Reach Chicago, Sunday, May 24, 8.30 P.M.



The cost of this trip will depend upon the number of persons taking it. The price of the railroad ticket will be exactly the same as those given above, but the cost of the car, if eighteen people go, will be about thirty-three dollars apiece, from Chicago to Chicago. If twenty-five people go, the cost would be reduced to twenty-four dollars each, and every additional person would reduce the cost correspondingly. The car will hold thirty-two people or, if two occupy a berth, sixty-four people. If this trip is made, some of those going on might share the going journey on which no stop-overs are made. All inquiries as to this trip should be addressed to Mr. P. J. Brady, 301 Main Street, Buffalo, New York.

In conclusion, it should be remembered that each purchaser of a ticket should buy the nine months' tourist ticket from the point of starting, indicating by which route she will go and by which she will return.

It is estimated that the whole expense of the trip, railroad, sleeper, meals, hotel in San Francisco, etc., may amount to two hundred and fifty dollars. No one should attempt to go without this amount to fall back upon. It is possible that there may be some rates on the Southern Pacific railway for the benefit of California nurses.

A duplicate of these instructions will be mailed to each affiliated association.

#### COLONISTS' RATE

For any one wishing to get stop-overs going, but none returning, it is possible to get a colonists' rate ticket, which costs thirty-eight dollars from Chicago to San Francisco, and to pay the regular rate returning, forty-nine dollars, making the round trip eighty-seven dollars. The colonists' ticket cannot be purchased after April 30, and cannot be used with a Pullman sleeper.

Any further inquiries about points which do not seem quite clear may be addressed to one of the members of the transportation committee: Miss Mary C. Stewart, 438 LaSalle Avenue, Chicago; Miss Mary L. Sweeney, 2129½ Geary Street, San Francisco; Mrs. C. V. Twiss, 419 West 144th Street, New York City.

KATHARINE DEWITT, R.N., Secretary.

#### REPORTS OF STATE ASSOCIATIONS

At the meeting of the Associated Alumnae in San Francisco all reports from affiliated state societies are to be condensed, the same as last year, and incorporated in the report of the Inter-State Secretary.

A personal request has been made to forward a brief report of the work accomplished by each state since the Richmond meeting to Miss S. E. Sly, 184 South River Street, Wilkes-Barre, Pennsylvania, not later than March 1st. Important items of interest occurring later can be forwarded to Miss Sly at Birmingham, Michigan, after April 1st.

All societies are requested to send a complete set of blank forms, and all kinds of printed matter in use by the state officers, to be exhibited at the San Francisco meeting.

ANNIE DAMER, R.N., President,  
Nurses' Associated Alumnae.

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS  
FOR NURSES

THE Fourteenth Annual Convention of the Society of Superintendents of Training Schools for Nurses will be held in Cincinnati, Ohio, at The Linton Hotel, April 22nd, 23rd and 24th.

A program has been arranged by the Council which it is believed will be interesting and practical. Miss M. H. Greenwood, President, is also chairman of the Committee of Arrangements and it is probable that all details will be completed in time for announcement in the next number of the JOURNAL.

G. M. NEVINS, Secretary.

CONNECTICUT STATE MEETINGS

THE annual meeting of the Graduate Nurses' Association of Connecticut will be held in Bridgeport, May 6, 1908.

INDIANA STATE MEETING

A meeting of the Indiana State Nurses' Association will be held at Fort Wayne on March 27th and 28th. Miss Isabel McIsaac will give an address on the subject: "What Work Shall the State Societies Do after Registration is Secured?"

E. M. WEAVER, Chairman Arrangements Committee.

A NEW CLUB HOUSE

THE Alumnae of the New York City Training School for Nurses have opened a club house and registry at 1185 Lexington Avenue, New York, where the registrar, Miss Yocom, will extend a hearty welcome to all friends.

REPORT OF HOSPITAL ECONOMICS ENDOWMENT FUND

Previously acknowledged ..... \$4585.20

*Received Since Last Month's Report*

From Miss Davids, Treasurer Associated Alumnae:	
Connecticut Training School Alumnae Association.....	\$22.00
Virginia State Graduate Nurses' Association.....	55.00
Missouri State Nurses' Association.....	560.00
	<hr/>
	637.00
From other sources:	
St. Luke's Hospital Alumnae Association, New York...	300.00
Miss M. Moody, Colorado.....	5.00
Miss Edith Ambrose .....	5.00
Miss Clara L. De Ceu.....	10.00
Graduate Nurses, State of Pennsylvania .....	100.00

Alumnæ Association, Protestant Episcopal Hospital Philadelphia .....	100.00
Alumnæ Association, St. Luke's Hospital, Richmond....	25.00
Michigan State Nurses' Association .....	560.00
	<hr/>
	1105.00
Total to date.....	\$6327.20

We wish to make particular mention of the very large contributions made by the two state societies, of Missouri and Michigan respectively, and to state that the latter sum is contributed as a memorial to Miss Mary E. Smith, of Hamilton, Ontario, who died in March, 1907. Miss Smith was a graduate of Harper Hospital and a charter members of the state society. The Treasurer of the society informs me that at its first annual meeting, in March, 1905, Miss Smith secured the pledge of the society to raise five hundred dollars for the course in Hospital Economics. The society and Miss Smith's family now contribute five hundred and sixty dollars as a memorial to her.

The following errors were made in last month's report:

The sum of one hundred dollars acknowledged as a contribution from the Children's Hospital Alumnæ, Washington, should have read from the Graduate Nurses' Association, Washington.

Miss Rogers' contribution of twenty dollars included five dollars from Miss McKeel.

Itemized account of contributions received through Miss Davids and acknowledged in last month's issue:

Allegheny General Hospital Alumnæ Association.....	\$52.00
Brooklyn Hospital Alumnæ Association.....	50.00
Blessing Hospital Alumnæ Association.....	25.00
Battle Creek Alumnæ Association.....	115.00
Cleveland Graduate Nurses' Alumnæ Association.....	25.00
Connecticut State Association .....	50.00
Germantown Hospital & Dispensary Alumnæ Association.....	25.00
Grant Hospital Alumnæ Association.....	25.00
Indianapolis Graduate Nurses' Association .....	100.00
Illinois State Nurses' Association.....	100.00
Lakeside Hospital (Cleveland) Association.....	50.00
La Fayette (Ind.) Graduate Nurses' Association.....	25.00
Mt. Sinai Hospital Alumnæ Association.....	100.00
Massachusetts State Nurses' Association.....	100.00
New England Hospital for Women & Children Alumnæ Association .....	25.00
New York City Training School Alumnæ Association.....	100.00
New York State Nurses' Association.....	250.00
Roosevelt Hospital Alumnæ Association.....	50.00
Wesley Hospital Alumnæ Association.....	50.00
Miss Alice V. Aherne .....	3.00
Miss Elizabeth Burgess .....	3.00
Mrs. N. F. W. Crossland .....	3.00
Miss Matilda E. Decker .....	5.00

Miss Agnes G. Deans .....	2.00
Miss N. Gillette .....	3.00
Miss May Gentry .....	3.00
Miss Ida F. Giles .....	3.50
Miss E. E. Golding .....	3.00
Miss Jeanie Jordan .....	5.00
Miss S. F. Palmer .....	5.00
Miss A. E. Reece .....	3.00
Miss Mary B. Sollers .....	3.00
	<hr/>
	\$1361.50

It is impossible to take up further space this month with any account of the work of our students, but I do not like to wait until another issue to speak of a new phase of our work. The opportunity which we have so long desired for our students, of obtaining some knowledge at first hand of the house-keeping departments, has now, through the generosity of the authorities at St. Luke's Hospital, been opened to us; and two students of the senior class, Miss Katherine Decker and Miss Anna Hayes, are permitted to go three mornings in the week, from nine to twelve, to assist in the general kitchen, the linen room and the laundry, and to study the workings respectively of these departments.

In a later number I hope to be able to give some outline of the work which the students are doing.

M. A. NUTTING,  
Chairman of Finance Committee.

#### STATE MEETINGS

CONNECTICUT.—The Graduate Nurses' Association of Connecticut held its regular meeting at the Hotel Green, Danbury, Connecticut, on Wednesday, February 5th. Miss R. Inde Albaugh of Grace Hospital, New Haven, presided. Dr. Bailey opened the meeting with prayer and an address of welcome.

The routine business was quickly disposed of, and the subject matter of the meeting, District and Visiting Nursing, was most admirably handled by Miss Van Cleft, district nurse for the country district around Lakeville, Connecticut, and Miss Wilkinson, district nurse of Hartford. Miss Van Cleft, formerly of the Henry Street Settlement, New York, contrasted the work of the visiting nurse in the city and in the country, giving a bright interesting word picture of what a day's work in each place might be.

Miss Wilkinson gave some statistics concerning district nursing in Connecticut, describing the development of the present management of various societies, and the nature and scope of the field of work in Hartford. Bright stories of her own and her assistants' experiences added to the interest and enjoyment in her talk.

A question-box with open discussion followed. This feature is proving to be an interesting and valuable one in the meetings.

The arrangements for the meeting were in charge of Miss Gallagher, local

councilor of the state association and were most excellently carried out. The splendid equipment and service of the new Hotel Green were at the disposal of the association and were greatly appreciated.

A formal vote of thanks was tendered Dr. Bailey and the Danbury nurses for their hospitality.

MARYLAND.—The Maryland State Association of Graduate Nurses held its Fifth Annual Meeting on the afternoons of January 30th and 31st, in Arundell Hall, Baltimore. There was a large attendance at both meetings.

The first session opened with prayer by the Rev. John Timothy Stone. The president, Miss Packard, made an address in which she laid special stress upon the duty of the nurses to uphold the standard of the state society, pointing out what every nurse should realize, that the state organization of nurses is the logical and the only body which can protect our bill from attacks. These we must expect and prepare for, and if we value our right to be known as registered nurses we must see to it that we have a competent body to protect that right. Miss Packard also prophesied the establishment of a national association made up of the different state societies, and advised a certain general uniformity of constitutions and by-laws so that when the time for reciprocity between the states comes it shall not be as difficult to secure as it seems to be for the medical profession.

Some business followed the president's address. Reports were heard from the committees, and an interesting paper was read by Miss V. M. MacLellan, R.N., Johns Hopkins Hospital Alumnae, on "The Serum Treatment for Cerebro-Spinal Meningitis." This was followed by an able and forcible address by Dr. Edith Houghton Hooker on "Social Hygiene." The meeting then adjourned for tea served by the Maryland Homeopathic Hospital Alumnae and the Church Home and Infirmary Alumnae.

The second session was an open meeting and was very largely attended. Most excellent papers were read on the following subjects: "Psychology and Nursing" by Miss Mary Cloud Bean, R.N., President of the Johns Hopkins Hospital Alumnae Association; "Some Phases of Tuberculosis Work" by Miss Ellen N. LaMotte, R.N., Tuberculosis Nurse, Instructive Visiting Nurse Association; "THE AMERICAN JOURNAL OF NURSING" by Miss Sophia F. Palmer, Editor-in-Chief, AMERICAN JOURNAL OF NURSING. "The Cultivation of a Healthy Mind" by Dr. Lewellys F. Barker, Physician-in-Chief, Johns Hopkins Hospital, was listened to with great interest. It was an illuminating and inspiring address pointing the way to nursing and character building in nurse and patient that left much food for reflection. The association felt the honor of listening to such a notable address.

The returns were then read announcing the election of the following officers: President, Miss Sara E. Parsons; vice-presidents, Miss Georgina C. Ross, Miss Sarah F. Martin; secretary, Miss Amy P. Miller, 149 W. Lanvale Street; treasurer, Miss Nannie J. Lackland, 201 W. Madison Street. Members of the Board for two years: Misses Mary C. Packard, Mary E. Lent, and Alice M. Woodward. Members of the Board for one year: Misses Mary B. Dixon, Nettie L. Flanagan, and Elizabeth Bosley.

AMY P. MILLER, R.N. Secretary.

MASSACHUSETTS.—The Massachusetts State Nurses' Association has been federated with the Massachusetts State Federation of Women's Clubs, and was given formal recognition at the quarterly meeting of the Federation held in Winchester, on February 8, 1908. Miss Riddle, the president, in a brief address, spoke of the object for which the state association was organized.

ESTHER DART, Secretary.

[The Massachusetts Nurses had a hearing on February 13th before the legislative committee on public health at which three hundred nurses were present. It seems probable that the bill as presented, with some amendments, may pass the legislature. Ed.]

MICHIGAN.—The executive board of the Michigan State Nurses' Association held a meeting in Saginaw January 30th. The members were the guests of the Saginaw General Hospital for two days.

Miss Agnes G. Deans was authorized by the board to remain in Saginaw for the purpose of organizing a county association for nurses. A meeting was arranged for at three P.M., February 4th. Twenty nurses responded to the call which brought together representatives of training schools of Toronto, Buffalo, Detroit, Grand Rapids, and all the local hospitals. A committee was appointed to draft a constitution, and it is hoped the long felt need of a county association in Saginaw will soon be a reality.

#### REGULAR MEETINGS

NEW HAVEN, CONN.—The next monthly meeting of the Connecticut Training School Alumnae Association will be held at the Nurses' Club, 16 York Square. Miss Rose M. Heavren will go as delegate to the meeting of the Associated Alumnae in San Francisco.

NEW YORK, N. Y.—At a meeting in January the following officers were elected by the Mt. Sinai alumnae: President, Miss Newman; vice-president, Miss R. Brannen; treasurer, Miss Shelliday; recording secretary, Miss Carrell; corresponding secretary, Miss E. N. Underwood, 54 Morningside Avenue.

COLORADO SPRINGS, COLO.—The monthly meeting of the Colorado Springs Nurses' Registry Association was held in Grace Church Parish House on February 5th. Miss L. L. Hudson was elected unanimously to succeed herself on the State Board of Nurse Examiners, as representative from Colorado Springs, and her name was sent to the governor for his favorable consideration.

JACKSON, MICH.—The graduate nurses of the Jackson Hospital Training School met on November 18th, and organized an alumnae association. The officers are: President, Miss Mary Kurfess; vice-president, Mrs. Ella Chivers;



secretary, Miss Gertrude M. Lee, 119 Orange Street; treasurer, Miss Leuria Watson. In January the association met with the vice-president; and in February, with the secretary.

PHILADELPHIA, PA.—The regular monthly meeting of the alumnae association of the Protestant Episcopal Hospital was held in the Nurses' Home, February 4th. After the usual routine business, Mrs. N. F. Crossland was elected delegate to the Nurses' Associated Alumnae of the United States to be held in San Francisco. To meet the extra expense entailed, the executive committee has ordered an assessment of one dollar per member, same to be paid to Miss Ellen Laes, treasurer, St. Timothy's Hospital, Roxborough, Philadelphia.

DAYTON, OHIO.—The graduate nurses' association of Dayton and vicinity held its monthly meeting at the Memorial Home, January 15th. The report of the registrar of the new directory was very encouraging. Papers on district and hourly nursing were read, and refreshments were served.

CINCINNATI, OHIO.—On January 15th, the fifteenth annual meeting of the nurses' alumnae association of the Cincinnati Hospital was held at the nurses' home, and the officers for the following year were elected. Also, the first steps were taken toward creating an endowment fund to provide a permanent bed for sick graduates of this school, each nurse being assessed the required amount. A committee was appointed, with full power to act, and a much desired object is being finally achieved. The evening closed with a banquet in the dining room of the Cincinnati Hospital.

FALL RIVER, MASS.—At the regular monthly meeting of the alumnae of the Fall River Hospital on February 5th, Dr. George L. Richards gave an interesting talk on the hospitals he had visited in Europe. Tea and a social half hour followed.

BROOKLYN, N. Y.—The regular monthly meeting of the Long Island College Hospital Training School Alumnae Association was held at the Registry, 128 Pacific Street, February 11th. After the business meeting Dr. Frederick Tilney of Brooklyn gave a very interesting talk to the nurses on "Diseases of the Nerves and the Nursing of Nervous Patients."

The meeting was well attended.

BROOKLYN, N. Y.—The annual meeting of the Brooklyn Hospital Training School Alumnae was held February 4th. The following officers were elected for the coming year: President, Mrs. Kelly; first vice-president, Miss Buchanan, R.N.; second vice-president, Miss Finneran, R.N.; recording secretary, Mrs. de Zouche, R.N., re-elected; corresponding secretary, Miss Kerr, R.N.; treasurer, Miss Holt, R.N., re-elected; director, Miss Rothermund, R.N.

## PERSONALS

MISS LILLIAN WALD, of the Nurses' Settlement, New York, is taking a trip to the Bermudas.

MISS IDA R. PALMER, a graduate of the Newport Hospital, who has been doing private nursing in Newport, has gone to Kalaspell, Montana.

MISS MARTHA J. WILKINSON, of Hartford, has received an appointment on the state board of examiners of Connecticut, in place of Miss May Love, of Norwich, resigned.

MISS MARY JEAN HURDLEY, class of 1898, Farrand Training School, Detroit, will leave her position as assistant principal of the City Hospital, Washington, Penn., in April, and will return to Cleveland, Ohio.

MISS CHARLOTTE EASTWOOD, a graduate of Bellevue Hospital, New York, and for several years Superintendent of the Toronto Branch of the Victorian Order of Nurses, has been appointed to succeed Miss Allen as Chief Lady Superintendent at Ottawa.

MISS SARA L. COOK, a graduate of the Flower Mission Hospital of Indianapolis, has resigned her position as superintendent of Culver Hospital, Crawfordsville, Indiana, and will go to Seattle to spend a year. She is succeeded by Miss Anna Rogers, temporarily.

MISS VIOLET BENNER, who has been doing visiting nurse work in Saginaw for tuberculous patients for two years, has resigned to accept a more lucrative position in Rivers Pines Sanitarium, Stevens Point, Wisconsin. Her successor is Miss Mary C. Fletcher of Grand Rapids.

MISS SMEDLEY, for many years superintendent of the Western Hospital, Toronto, resigned her position on account of her approaching marriage. On the evening of December 11, 1907, a farewell reception was given in Miss Smedley's honor, on which occasion she was presented with a cabinet of solid silver by the Ladies' Board, and with a solid silver tea-service by the Board of Governors.

MISS CAROLINE RIEDLE, class of 1884, Illinois Training School, Chicago, is now matron of the Pasadena Hospital. Miss Louise Murphy, class of 1900, has accepted the position of resident nurse in a girls' school at Morristown, New Jersey. Miss Elsie Schlund, class of 1907, is assistant superintendent of the Southern Infirmary Training School, Mobile, Alabama. Dr. Frances Cantrall Hawkins, class of 1887, has accepted the position of superintendent of the Shreveport Sanitarium, Louisiana.

MISS JULIA STEWART, Toronto General Hospital, Class of 1893, has accepted a position as office nurse in Dr. Herbert Bruce's office. Miss Elizabeth Davidson, class of 1905, has been appointed superintendent of McKellar Hospital, Fort William, Ontario. Miss Lillie Lindsay, class of 1905, has succeeded Miss Merab Allen as head nurse of the maternity department. Miss Jeannette Neilson, class 1897, has been appointed by the City Board of Health, nurse in charge of district work among tuberculous patients in Toronto.

MISS MAY WHITE, a graduate of Mercy Hospital, Chicago, has gone to Watertown, New York, to take charge of the training school for nurses connected with St. Joachim's Hospital. Miss Grace O'Brien, Class of 1905, has gone to Santa Barbara, California, to take charge of the Quisesana Hospital. Miss Mary Welch, Class of 1907, has accepted the position of assistant to Sister Mary Ignatius at St. John's Hospital, St. Louis, Mo. Miss Bru Kelly, Class of 1903, has accepted a position as superintendent of nurses at Mercy Hospital, Garey, Indiana. Miss Margaret Hutt, Class of 1905, is superintendent of the Kenosha Hospital, Kenosha, Wisconsin. Miss Henrietta McCarthy, who has been at her home in Canada for the past year, has returned to Chicago to do private nursing.

ON January 1st, Miss Martha A. O'Neill resigned her position as superintendent of the King's County Training School, Brooklyn. Miss O'Neil was the founder of the school and has given ten years of faithful, productive service to it. She has brought the school from what seemed like impossible conditions to rank with the best. She is a woman of fine character, of unusual teaching ability, and of a retiring disposition which has kept her name from being well known outside her own circle, and she has borne such heavy burdens that her health has begun to give way.

Miss O'Neill is a graduate of St. Mary's Hospital, Brooklyn, and holds diplomas from the General Memorial, Sloane Maternity, New York City, and First Aid to the Injured service. On the eve of Miss O'Neill's departure the doctors on the visiting staff tendered her a dinner and presented her with a beautiful gold watch and a set of handsomely bound resolutions expressing their appreciation of her services.

#### BIRTHS

ON December 20th, a son to Mrs. W. Brown, formerly Miss Sue O. Hara, graduate of Mercy Hospital, Chicago.

ON January 6th, at Chicago, a daughter to Mrs. W. C. La Molle, formerly Miss Helen Rafferty, graduate of Mercy Hospital, class of 1903.

ON January 19th, at Leesburgh, Virginia, a daughter, to Mrs. John A. Gibson, who was Miss Frances Perry, class of 1900, Old Dominion Hospital, Richmond, Virginia.

ON January 14th, at Silverton, Oregon, a son to Mrs. Millard Seitz, formerly Miss Ruth Love, graduate of Mercy Hospital, Chicago, class of 1902.

ON January 25, 1908, at Richmond, Virginia, a daughter to Mrs. Beverly Randolph Tucker, who was Miss Elsie Boyd, class of 1901, Old Dominion Hospital.

ON January 24th, at Richmond, Virginia, a daughter to Mrs. Manfred Call, who was Miss Martha Clopton, class of 1901, Old Dominion Hospital.

## MARRIAGES

ON December 31st, Miss Edith Wood, class of 1906, to Mr. Darwin Davis.

ON December 3rd, at Cleveland, Ohio, Miss Annetta Crass, class of 1904, to Mr. Edward E. Mittomon.

IN November, Miss Lula Wynant, class of 1907, Lakeside Hospital, Cleveland, to Mr. Aaron Cottrell.

IN September, Miss Jeannette May, class of 1903, Lakeside Hospital, Cleveland, to Mr. George Lowery.

ON January 6th, at Kenosha, Wisconsin, Mrs. Helen Armstrong, class of 1905, Mercy Hospital, Chicago, to Dr. Windmiller.

ON February 1st, at Sioux Falls, South Dakota, Miss Jeanette Larsen, graduate of the North Western Hospital, to Dr. George T. Eitel.

ON February 18th, at Memphis, Tennessee, Miss Rose Drueke, class of 1905, Mercy Hospital, Chicago, to Mr. D. W. Strong. They will live at Clarksdale, Mississippi.

ON February 1st, at Brooklyn, N. Y., Miss Blanche E. Snyder, class of 1897, Brooklyn Homeopathic Hospital, to Mr. J. S. Case. They will make their home in Brooklyn.

IN December, Miss Allen, Chief Lady Superintendent of the Victorian Order of Nurses was married to Mr. H. Gilbert Vernon Smith, of the Department of Justice, Ottawa.

ON December 25, 1907, at Sioux City, Iowa, Miss Barbara Bergerson, class of 1904, Chicago Hospital Training School, to Mr. Uhlich Pelletier. They will live in Sioux City.

ON November 6th, at Nanitowaning, Ontario, Miss May A. McLeod, class of 1907, Toronto General Hospital, to Dr. H. Glendenning. They will reside at 535 King Street, East, Ontario.

ON October 10, 1907, at St. Louis, Miss W. M. Perkins, a graduate of the St. Louis Training School, and a Spanish-American War Nurse, to Mr. M. M. Garret. They will live at Thornopolis, Wyoming.

ON January 29th, at Champaign, Illinois, Miss Caroline S. Flatt, class of 1894, Illinois Training School, and for some time superintendent of nurses at the Brokaw Hospital, Bloomington, to Mr. Leicester S. Rupert.

---

OBITUARY

AT St. John's Riverside Hospital, Yonkers, New York, on January 11th, Miss Josephine B. Anters, a member of the Cochran Alumnae Association. Interment was at Oakland Cemetery.

AT the General Hospital, Toronto, November 21, 1907, Sara Simpson, class of 1885. Miss Simpson had for many years labored in Cococanada, Central India, in connection with the Baptist Mission among the Telegus.

At the City and County Hospital, Denver, Colorado, on December 25, 1907, Miss Jane T. Crichton, class of 1891, Colorado Training School. Miss Crichton died at her post of duty from a stroke of apoplexy. The Alumnae Association has recorded a fitting tribute to her memory.

On November 23, 1907, at Brantford, Ontario, Miss Florence Hill, graduate of the German Hospital Training School, Brooklyn, New York. Miss Hill died after a long illness borne with great patience and fortitude. Her associates feel that they have lost one of their most conscientious and faithful members, whose life was an example of unselfishness.

On October 24, at Augustana Hospital, Chicago, Miss Eva Carlson, a native of Sweden, and a graduate of the Red Cross Training School in Stockholm. Miss Carlson came to this country in January, 1907, to broaden her knowledge of hospital and training school methods, hoping to return to Sweden in a few years and help the progress of nursing affairs there by her experience.

MISS MARY A. RYAN, graduate of the Hospital of the University of Pennsylvania, class of 1897, died on February 14th, on her way home to Ashland, Pa. She was accompanied by a friend, and when in sight of home was suddenly seized with heart failure, after having apparently recovered from an attack of grippe. Her death is deeply mourned by her many friends and is a loss to the alumnae association of her school of which she was a member.

On January 25th, in New York City, of double pneumonia, Mr. L. Bissell Sanford. Mr. Sanford was a graduate of the Mills Training School for male nurses, and at the time of his death was registrar of the directory maintained by the alumni of that school. He was also a member of the Board of Nurse Examiners of New York State. He was a native of Bergen, New York, spent some years in a normal school, and after graduating as a nurse held the positions of assistant and acting superintendent of the Mills School. This teaching experience with his normal school training made him a valuable member of the board of examiners whose place it will be difficult to fill. He leaves one sister, Miss Elizabeth Sanford of Rochester.

---

## HOSPITAL AND TRAINING-SCHOOL NOTES



### THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES

#### WRITTEN EXAMINATION—ANATOMY AND PHYSIOLOGY, OCTOBER 29TH, 1907

1. Name the tissues that make up the body framework.
2. Name the excretory organs, and what is the function of each?
3. Name the different kinds of joints and the advantage of each.
4. Of what use are the ribs?
5. What four bones make up the pelvis?
6. What is the difference between an artery and a capillary?
7. Describe the stomach and state its function.
8. What is the difference between digestion and assimilation?  
What juices digest starch?
9. What is the pulse?
10. What is the use of water in the body?

#### ELEMENTARY HYGIENE AND BACTERIOLOGY

1. Define the terms "hygiene" "air," "antisepses."
2. What are the chief sources of contamination of a water supply, and what measures can be taken to render such water pure?
3. Describe briefly the factors concerned in ventilation, and tell how you would secure good ventilation in a sick room in a private house in cold weather.
4. What is meant by the terms "disinfection" and "contagious?"
5. Give five good disinfectants.
6. Give methods of caring for excreta in a case of typhoid fever.
7. What hygienic measures would you adopt in nursing a case of diphtheria, and what steps would you take to render the room free from danger after the patient recovers?
8. What precautions are to be observed in the use of domestic water filters? and why?
9. What precautions should a nurse take for the protection of the family when caring for a case of tuberculosis?
10. What three substances form the basis of all regulated diet?

#### DIETETICS

1. (a) Define foods.  
(b) Name the food principles.  
(c) What is their general function in the nutrition?
2. State the composition and digestibility of milk, its nutritive value, methods of altering to suit the taste and digestive requirements of patients.
3. (a) Why is a mixed diet necessary?  
(b) What should be the characteristics of an invalid's diet?



4. (a) What is an ideal diet?  
(b) How should the diet of an adult compare with that of a child?
5. For a patient on a nitrogenous diet what food would you prepare? Give menu for one day.
6. Describe the proper arrangement of an invalid's tray.
7. (a) In what ways are vegetables of value in the diet?  
(b) Discuss the effect of cooking on vegetables.
8. How does the nutritive value of beef broth compare with that of beef juice?
9. (a) How vary the preparation of eggs for your patient?  
(b) Outline one method.
10. What class of foods must be excluded from the diabetic diet and why?

## MATERIA MEDICA

1. (a) Name the various ways in which medicines may enter the circulation.  
(b) Describe in detail your method of giving a hypodermic injection.
2. In giving mercury to a patient what symptoms should be observed and reported?  
What is the antidote for mercurial poisoning?
3. What is the average dose for an adult of castor oil, epsom salts, tr. iron, strychnia, digitalis?
4. (a) You are nursing a case of chorea who is taking Fowler's Solution, what symptoms would you report to the physician as indicating that the patient was feeling the toxic effect of the drug?  
(b) What are the symptoms of opium poisoning?
5. Tell exactly how you would prepare a hypodermic dose of digitaline gr. one-twentieth from tablets each containing gr. one one-hundredth.

## PRACTICAL NURSING

1. Describe in detail the preparation and method of giving a bed bath, and the changing of the linen.
2. How may a nurse quiet restless or nervous patients without the use of drugs.
3. For what conditions are cold packs usually ordered?  
How may the best results be obtained?  
Describe in detail your method of procedure.
4. Name four commonly used enemata. Give proportions and quantity.  
What precautions should be taken in their preparation and administration?
5. (a) Under what circumstances are hot baths, sweat baths and cold baths usually given?  
(b) Why is friction given in cold baths?  
(c) Why expose parts being sponged in giving ice sponge for the reduction of temperature?

## ANALYSIS OF URINE

1. (a) What is urine?  
(b) What is the reaction and color of normal urine?  
(c) What is the normal quantity of urine excreted by a healthy individual in twenty-four hours?

2. What precautions should you take in obtaining a specimen of urine for the physician?
3. What is a diuretic? Name two in common use.
4. (a) Under what conditions would you expect to find an increased quantity of urine?  
(b) A diminished quantity of urine?
5. Under what circumstances might you expect to find a profuse salmon-colored sediment in the urine? What does it indicate? Is the condition dangerous?

## OBSTETRICS

1. What are some of the signs of pregnancy?  
How would you calculate its duration?
2. Name some of the signs and symptoms of the beginning of labor.
3. What are the stages of labor?  
Name the duties of the nurse during the third stage, and for a short time afterwards.
4. Give care of the breasts during pregnancy, the reasons for, and results of neglect.
5. What precaution is to be observed to avoid infection during and after labor?
6. How would you proceed to resuscitate the new born child if asphyxiated?
7. If the child is small or prematurely born what extra precautions would you observe in its care?
8. What would you do in a case of eclampsia before the arrival of the physician?
9. How would you dress the umbilical cord during the first seven days?  
What precautions would you take in regard to the child's eyes, and why?
10. Two hours after labor the patient becomes very pale, has a weak pulse, and is gasping for breath. What will you suspect and how will you act if no doctor is within reach?

## THE CARE OF CHILDREN

1. Give some of the causes of the great mortality in infants.
2. At what age can other foods than milk be given to infants; what articles of food should be given at this age?
3. Describe the clothing for an infant six months old for the winter season; that for the summer season.
4. How does summer diarrhoea in infants usually begin; what measures should be taken for its relief?
5. How should the mouths of infants be washed?
6. Name the most important signs of rickets, and give the main factors governing the care of children affected with rickets.
7. What foods should be substituted for milk when vomiting is persistent in children?
8. How much sleep is required for the new born baby?
9. When is the best time of day for bathing infants?  
Give proper temperature of the bath.
10. (a) What is the capacity of the stomach of the new born child?  
(b) How should an infant be carried in the arms?

## GYNECOLOGICAL NURSING

1. Give the function of ovary, tube and uterus.
2. Why is it necessary to thoroughly purge patients before gynecological operations?
3. What can you do for nausea and vomiting in the first 48 hours after operation?
4. Of what disease is uterine hæmorrhage suggestive at the menopause?
5. What is shock, and how would you treat it?
6. A patient is brought to the wards after an abdominal section. The pulse rate is good—90 to the minute—respiration regular, color quite good. Four hours later complains of sudden pain in abdomen, the pulse becomes more and more rapid and feeble, the respirations quicker and are labored, and there is a profuse perspiration, cold, clammy skin, restlessness, thirst and pallor. What would this condition indicate, and what would you do until you could get the doctor?
7. How long would you consider it safe for a patient to retain urine in the bladder after operation?
8. What is meant by menstruation?
9. How would you prepare a patient, and what solution would you use in giving a douche?
10. Describe your method of giving a bladder irrigation.

## MEDICAL NURSING AND INFECTIOUS DISEASES

1. If called to nurse a child ten years old, who after sore throat became dull, with nausea, vomiting and muscle twitchings, puffy eyelids, and swollen ankles, no doctor is within call, what condition would you suspect and what care would you give the child until the doctor comes?
2. In one line state the essential feature of the diet, unless special orders, for each of the following conditions:—
  - (a) Acute nephritis.
  - (b) Chronic diarrhœa.
  - (c) Chronic constipation.
  - (d) Pulmonary tuberculosis.
3. What are the important essentials in the nursing of a case of—
  - (a) Acute articular rheumatism.
  - (b) Pneumonia.
  - (c) Pleurisy.
4.
  - (a) How is typhoid fever spread, and what measures should be employed by the nurse to prevent this?
  - (b) What special precautions are necessary in nursing typhoid fever in country districts?
5. Describe accurately the nursing care of a typhoid fever patient for twenty-four hours.
6. What symptoms in a typhoid fever patient would lead you to suspect intestinal perforation? What would be your care until the physician arrived?

7. State briefly how you would take care of a case of complete paralysis so that bed sores would not develop.
8. What are the various ways of taking the temperature? What precautions should be taken with each method?
9. What particular precautions should a nurse take when nursing a patient convalescent from diphtheria, scarlet fever, measles?
10. (a) How would you take a patient's pulse?  
(b) What are the four main points to be observed in taking the pulse?

## SURGICAL NURSING

1. (a) Give general signs and symptoms of hæmorrhage.  
(b) Mention all the methods you know by which hæmorrhage may be controlled.
2. Give an outline of your plan of nursing a patient during the first week after a partial excision of the lower jaw; after an intestinal resection. Note the particular dangers to be watched for.
3. What are the symptoms, both local and general, of wound infection after operation?
4. What is erysipelas? Give symptoms, cause, and nursing care.
5. (a) Give the clinical signs present in an inflammation.  
(b) What symptoms would you note and report following a severe abdominal operation?
6. (a) Give the signs of fracture.  
(b) What is the difference between a *simple* and a *compound* fracture?
7. Describe briefly: (a) preparation of a hernia case, in good health, for ether administration; (b) care of ether patient immediately after operation.
8. Mention symptoms and signs of appendicitis. Why is it important for the nurse to recognize them?
9. What is the difference between a *local* and a *general* anæsthetic? Name two of each.
10. What do you understand by healing of wounds by first intention and healing by second intention?

WITH this is given a picture of the new Home for Nurses (now nearing completion) at the Metropolitan Hospital, Blackwell's Island, New York. This Island is part of New York City, is situated in East River and reached by a ferry which takes about three minutes to cross the river. The Island is about three miles long and one-sixth of a mile wide.

In 1651 it was granted to a Dutch officer, Captain Francis Fyn. In 1665 it was confiscated by the British, and in 1668 was granted to Captain John Manning then in command of the fort situated at the Battery. Robert Blackwell married the step-daughter of Captain Manning. The Island from that time was called after the Blackwell family, who held it until 1828 when it was sold to the City of New York.

It would be difficult to find a more ideal location for a hospital, surrounded as it is by water, with spacious grounds and beautiful trees. The Metropolitan Hospital, with a capacity of over thirteen hundred beds, is located at the north end of the Island, and plans are at present under way to add buildings to accommodate two thousand more patients.

sis so  
utions  
atient  
se?

ay be  
week  
ection.  
after

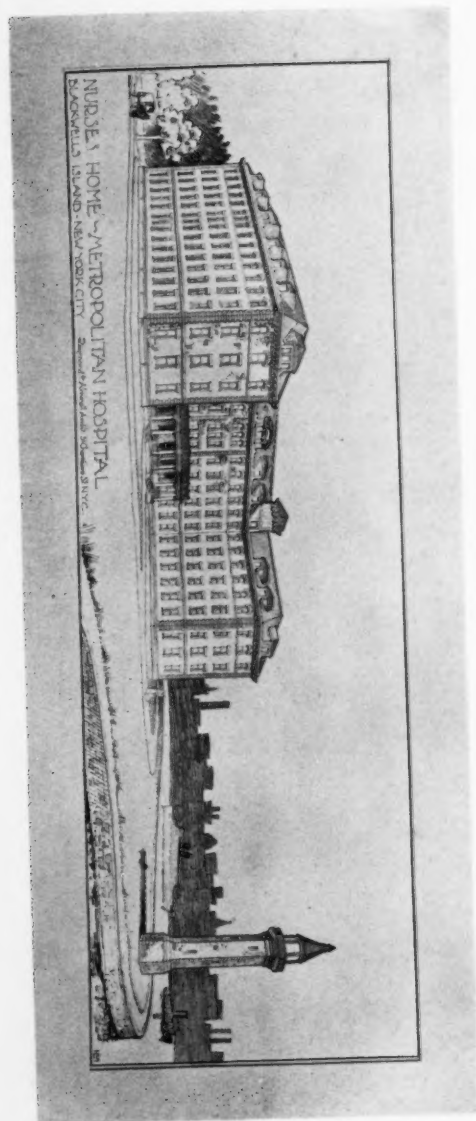
re ab-  
ure?  
ether  
ation.  
for

Name  
heal-

earing  
This  
by a  
nd is

1665  
John  
Black-  
t time  
s sold

unded  
olitan  
t the  
ldings







The new Nurses' Home, which is nearing completion, is located on one of the finest sites in New York City, and will give single rooms to all nurses, with spacious entrance hall, library and sitting rooms. The School is registered and offers a three years' course of training, giving an allowance of ten dollars per month the first year, twelve dollars the second and fifteen dollars the third year. Applicants must be between twenty-one and thirty-five years of age and have had one year in high school, or its equivalent.

---

HER Royal Highness the Crown Princess of Greece four years ago sent two Greek girls over to this country to be educated as nurses that they might return to their own country and take American methods to Greece. For their education, conducted largely at the New England Baptist Hospital, the princess now expresses her high appreciation to the superintendent, Miss Anderson. The seed of the idea was planted in her Highness' mind by Miss Klomare, a Greek young woman who graduated from the Massachusetts General Hospital in the class with Miss Anderson. These two Greek students had first to learn English, spending six months at the French-American College at Springfield, Massachusetts. After two and a half years at the New England Baptist Hospital, with Miss Anderson, they spent three months at the Massachusetts General Hospital and six months at the Boston Lying-in Hospital, and served some time in private nursing before returning to their own country, where they were at once placed as charge nurses in the Royal Hospital.

---

ON January 17, at Brainerd, Minnesota, a class of four young women was graduated from the Northern Pacific Training School. The exercises were conducted by Mr. W. H. Gemmel, general manager of the Minnesota and International Railroad, who spoke of the pride which the people of Brainerd feel in the hospital and training school and of their reputation for good work. Miss Whittaker, superintendent of the school, read a report which stated that the hospital was started six years ago, that this is the fourth class to graduate, and that the thirteen who have left the school have established themselves in hospital work and private duty where they are sustaining the reputation of their school for good work. There are sixteen pupil nurses, they have a three years' course, and there has been no difficulty in securing desirable applicants. Miss Whittaker closed her report by thanking the graduates for their faithful service, good influence, and loyalty.

Addresses were made by Dr. Quinn of St. Paul and by Father Mahoney, and there were some excellent songs. The graduates were: Margaret L. Buchanan, Susan V. Miles, Mary A. Gaven, and Elinor E. Rose.

[We believe that a public appreciation of good work done during training is rather exceptional on a graduating program, and that such appreciation is a means of preserving the loyalty of a school's graduates, and of inspiring them to keep up the standard. Ed.]

---

THE Roosevelt Hospital, New York, graduated the following nurses on February 10th: Katherine E. Tator, Grace V. H. Moore, Leta M. Brown, Lily

Ladd, Kathleen Sisman, Lelia E. Ross, Annie E. Patterson, Mayme R. Potter, Petra M. Aarøe, Jessy C. Palmer, Matilda R. Smith, Nina D. Gage, Evelyn I. V. Howard, Pauline V. W. Houman.

---

GRADUATING exercises of the Saginaw General Hospital were held Monday, February 3rd, at Davis Nurses' Home. Miss Linda Richards of Kalamazoo addressed the graduating class. Mrs. Geo. B. Baker, Chairman of the Training School Committee, presented the diplomas and Mrs. F. C. Stone, president of the Board of Trustees, presented the training-school pin. The members of the graduating class are as follows: Miss Anna Hill, Miss Isabel Ford, Miss Elizabeth Wilson, Miss Eva Ryan, Miss Jeanette Burke.

---

THE graduating exercises of the class of 1908 of the Cincinnati Hospital Training School for Nurses were held in the amphitheatre of the hospital, on the evening of January 14th. The exercises consisted of addresses by members of the hospitals staff, and officers of the city administration.

The audience was large and appreciative. Badges and diplomas were presented to fifteen graduates.

A reception followed in the hospital library for the nurses and their friends.

---

DURING the past year scholarships have been presented for competition to the Toronto General Hospital School for Nurses, as follows: Three scholarships of the value of fifty dollars each, and one of twenty-five dollars, making the total number of scholarships, four of fifty dollars each, and two of twenty-five dollars each.



THE good news comes just as we are closing our press that the National Council of Trained Nurses of Great Britain and Ireland was definitely organized with an admirable constitution on January 31st. We will report it more fully next month.

## PRACTICAL SUGGESTIONS



I presume every nurse knows about wrapping lumps of coal in paper to avoid noise if she has to keep up a fire in a grate or stove during the night.

K. K.

USE pumice stone to take off the little black spots which are often found on the bottom of a chamber. Such little spots may disturb a nervous patient very much.

K. K.

BEFORE using a sauce pan to heat milk, soup, etc., rinse it with a little cold water and do not dry it. This keeps the liquid from sticking to the bottom or sides of the saucepan.

K. K.

To save cracked ice all night, wrap it in heavy flannel, and place it in a fibre pail which has a plate on the bottom, round side up. Cover well, and set in an open window.

S. M. M.

IF a fire should be needed in a patient's room, where there is an open fire-place and no andirons, use two bricks placed about one foot apart to raise the wood from the hearth and give a draft to the fire.

K. K.

EVERY nurse finds lifting hard, but if she will follow this suggestion she will find it easy. First take a fall out position, then, before lifting, bend the knees well, so that the lifting will be done by the legs, not by the back.

S. M. N.

To night nurses who can not sleep.—Eat a meal or lunch during the night, about twelve or later, but have five hours elapse before retiring, then take a neutral bath just before going to bed. Have your room airy, but darken your eyes by the use of an eye protector.

S. M. M.

ANOTHER nurse who does night work a great deal finds her aid to sleep in quite opposite methods from that given above. She goes to bed as usual and to sleep, but when the family dinner is ready at noon, she has a tray brought to her, sits up in bed, eats a hearty meal, and is then able to sleep well until her rest is complete. Before trying this plan she used always to wake at about two o'clock, feeling faint. She

thinks a night meal is never thoroughly enjoyed and that most night workers suffer from insufficient nourishment.

ONE of the great dangers in my present patient's case is her getting over-tired by visiting, and she always wants to see every one who comes to the house. If she knows of any one's coming she gets more excited over her being refused admission than she would in seeing her, so I have told the relatives that when they come they shall open the door softly and look for a little college flag. If they see it, they are not to come up or make a noise; if it is not there, they know all is well. They are all pleased with the idea and "mind" beautifully. M. N.



#### NEW YORK'S NEUROLOGICAL HOSPITAL

THROUGH the coöperation of several New York city neurologists, Robert W. Heberd, commissioner of public charities, has established the first neurological hospital with a separate medical board and a separate medical organization in America. The new hospital is to be known as the Hospital for Nervous Diseases of New York City, and is located on Blackwell's Island in detached pavilion wards near the City Home. Both acute and chronic cases will be treated; under the former class coming those border line diseases such as hysteria and St. Vitus's dance,—maladies which if treated properly at the proper time can be permanently cured. The present capacity of the hospital, including the hospital for incurables, is two hundred and fifty beds. Buildings for the further accommodation of one hundred patients are to be erected. Other new buildings will supply operating room and laboratory facilities and provide for special lectures and demonstrations on subjects of nervous disease. The general hospitals of the city already possess more than one thousand neurological patients awaiting admission to the new service.—*Charities.*

---

OCCASIONAL happenings in the editorial office of the JOURNAL seem too good not to be shared. Recently when the editor was away, she telegraphed to her assistant: "Hold galley until I return." The galley is the first form of proof. Evidently the word was incomprehensible to the telegraphers, for when the message reached the office it read: "Hold Sallie until I return."

## BOOK REVIEWS



IN CHARGE OF  
M. E. CAMERON

---

PRACTICAL DIETETICS WITH REFERENCE TO DIET IN DISEASE. By Alida Frances Pattee, Graduate Department of Household Arts, State Normal School, Framingham, Massachusetts; late Instructor in Dietetics, Bellevue Training School for Nurses, Bellevue Hospital, New York; Former Instructor at Lakeside, St. Mary's, Trinity and Wisconsin Training School, Milwaukee, Wisconsin, St. Joseph's Hospital, Chicago, Illinois; Special Lecturer at Bellevue, Mount Sinai, Hahnemann and the Flower Training Schools, New York City; St. Vincent de Paul Hospital, Brockville, Canada. Fourth Edition, \$1.00. A. F. Pattee, Mount Vernon, New York, and 52 W. 39th Street, New York City.

THE Fourth Edition of this popular book on dietetics does not differ in any respect from the third edition, but is brought out because the earlier editions are exhausted,—so great has been the success of Miss Pattee's venture that its fourth edition appears within three years of its first.

---

THE OPERATING ROOM AND PATIENT. By Russell S. Fowler, M.D., Professor of Surgery, Brooklyn Post-graduate Medical School, Brooklyn, New York; Chief Surgeon, First Division German Hospital; Surgeon Methodist Episcopal Hospital, Brooklyn, New York. Second Edition, Enlarged. Octavo volume of 284 pages, fully illustrated. Cloth, \$2.00 net. W. B. Saunders Company, Philadelphia and London.

THOSE who remember the first appearance of this book, hardly two years ago, will welcome the new edition which comes to us enlarged by several new chapters bringing the subject matter up to date and in line with the ever forward march in surgical technique.

It is gratifying to note that in some instances, notably in the preparation, how much simpler and, if one may venture to say it, saner, the processes become by which the best results are obtainable in operative surgery.

As in the first edition, the rules for the operating room and its personnel, receive minute attention as also the rules concerning instruments, supplies, et cetera; the chapters relating to anesthesia, the general preparation of the patient,—the various positions necessary to special operations also remain much the same as in the first edition, but the chapters relating to the after treatment of operative surgery, and the complications of wound infection, are for the most part new matter, and add greatly to the value and usefulness of the work. Like its predecessor this edition appeals especially to all who appreciate a handsome binding and elegant appearance.

---

PRACTICAL FEVER NURSING. By Edward C. Register, M.D., Professor of the Practice of Medicine in the North Carolina Medical College; Chief Physician to St. Peter's Hospital; Editor of the Charlotte Medical Journal. Octavo volume of 352 pages, illustrated. Cloth, \$2.50 net. W. B. Saunders Company, Philadelphia and London.

By far the most complete work on Fever Nursing that has come under the notice of the reviewer. Dr. Register in his opening chapter renders tribute to the trained nurse as she ought to be and we feel assured of a very kindly appreciation of the nursing body in general by the author. He presents his book to nurses to be used by them as "a working text-book that will completely cover the field of practical fever nursing."

And the book aims to assist the nurse to take up fever nursing, with a due sense of needing all the training she has had, to carry her through the often long, and always critical fever case. Every nurse, however well trained, knows the difficulty of maintaining her strength, and of equalizing the expenditure of her energies, so that the latter days of her case, when the patient is often more trying and unreasonable than at any other time, she may be found to have resources still untouched, and the pleasant air of freshness and energy that seems to impart strength and ambition to her despondent and weary patient.

Fever nursing is a sort of test to the integrity of a nurse's training, and the wise nurse uses every means and opportunity that comes within her reach to perfect her knowledge in this branch. Dr. Register's book will be found to be a most valuable assistance to the nurse. The style is simplified and as far as possible technical terms are discarded—and the author in plain and easily recognized terms describes the etiology, symptoms, complications and treatment of the various fevers.



The book will be found very acceptable to those who would like to keep informed with all that is latest and best in this branch of medical nursing—the newer methods of reducing temperature, baths, et cetera; as a reference in all such subjects it is warmly recommended.

---

THE CARE OF THE BABY. By I. P. Crozer Griffith, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania; Physician to the Children's Hospital; Consulting Physician to the St. Christopher's Hospital for Children. Fourth Revised Edition. 12mo. of 455 pages illustrated. Cloth, \$1.50 net. W. B. Saunders Company, London and Philadelphia.

IF this book needed an explanation for its continued success and popularity we need go no farther than its title. Nothing could be more appealing to the mothers of the country, and even the nurse is apt to take a look beyond the title of the book. It is rash to prophesy, yet one cannot help the thought that however great its mission in the past and however useful it may be in the present this is one of the books that is to pass away before a better understanding of hygiene. Those who are already acquainted with this excellent manual on the management of infancy and childhood will recall that there are ten chapters dealing with the care and management of the baby in health and one on the nursing of the sick baby—thus making the book a sort of special volume on hygiene for infants.

The present edition although enlarged to some extent does not differ materially from the third edition. The list of illustrations has been increased, new ones added and the old ones improved.



NEW hospitals are spring up all over Canada, while older ones are being enlarged and extended. Edmonton, Alberta, is about to build a new public hospital at the extreme west end of the city. The plan provides for a hospital which, when finished, will be larger and more completely equipped than any other hospital in the west. In design it very much resembles that of the Royal Victoria Hospital, Montreal. The new hospital at Port Arthur is already completed, while hospitals are in progress in Orangeville, Ontario, Yarmouth, Nova Scotia, and Humbolt, Manitoba.

## CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR  
THE MONTH ENDING FEBRUARY 12, 1908

---

ASTBURY, AGNES, returned to duty at Zamboanga, Mindanao, from temporary duty at Jolo, Jolo, P. I.

DOERSCH, CLARA C., formerly on duty at the General Hospital, Presidio of San Francisco, California, discharged in San Francisco.

GEE, MABEL D., recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila, P. I.

KALLEM, HANNAH A., transferred from the General Hospital, Fort Bayard, N. M., to the General Hospital, Presidio of San Francisco, California.

MAGUIRE, MRS. LOUISE DEPUE, graduate of National Homeopathic Hospital, Washington, D. C., 1906; sixteen months at Dr. J. E. McQuain's Hospital, Spencer, West Virginia; appointed and assigned to duty at the General Hospital, Presidio of San Francisco, Cal.

MARTIN, MONA E., formerly on duty at the Division Hospital, Manila, P. I., discharged in Manila.

MOLLOY, JANE G., graduate of the City and County Hospital, San Francisco, 1907; appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

MORRIS, HANNAH P., recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila.

NUTTER, GRACE HELEN, graduate of the National Homeopathic Hospital, Washington, District of Columbia, 1906; nine months in the Portland General Hospital, appointed and assigned to duty at the General Hospital, Presidio of San Francisco, California.

PHILIPPENS, MINNIE A., transferred from Iloilo, Panay, to the Division Hospital, Manila, P. I.

SELOVER, CLARA M., transferred from Zamboanga, Mindanao, to duty at Jolo Jolo, P. I.

THOMAS, ELIZABETH D., formerly on duty at the Division Hospital, Manila, P. I., discharged in Manila.

HEFNER, EMMA, re-appointed from Cebu, P. I., for duty in the Philippines Division; graduate of City and County Hospital, St. Paul, Minnesota.

## OFFICIAL DIRECTORY

---

### THE AMERICAN JOURNAL OF NURSING COMPANY.

President, Miss ANNIE DAMER, R.N., Yorktown Heights, N. Y.

Secretary, Miss M. A. SAMUEL, R.N., Roosevelt Hospital, New York City.

### THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS.

President, Miss MARY H. GREENWOOD, Jewish Hospital, Cincinnati, Ohio.

Secretary, Miss G. M. NEVINS, The Garfield Memorial Hospital, Washington, D. C.

Annual meeting to be held in Cincinnati, 1908.

### THE NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES.

President, Miss ANNIE DAMER, R.N., Echo Hill Farm, Yorktown Heights, N. Y.

Secretary, Miss KATHARINE DEWITT, R.N., 211 Westminster Road, Rochester, N. Y.

Inter-State Secretary, Miss SARAH E. SLY, Birmingham, Mich.

Annual meeting to be held in San Francisco, 1908.

### ARMY NURSE CORPS, U. S. A.

MRS. DITA H. KINNEY, Surgeon-General's Office, Washington, D. C.

### HOSPITAL ECONOMICS COURSE, TEACHERS' COLLEGE, NEW YORK.

Director, Miss M. ADELAIDE NUTTING, R.N., 417 West 118th Street, New York City.

### THE CALIFORNIA STATE NURSES' ASSOCIATION.

President, Dr. HELEN P. CRISWELL, 1201 Devisadero Street, San Francisco, Cal.

Secretary, Miss S. GOTEA DOZIER, 5303 Telegraph Avenue, Oakland, Cal.

### COLORADO STATE TRAINED NURSES' ASSOCIATION.

President, Miss L. A. BEECROFT, Pueblo, Col.

Secretary, Mrs. C. CHAMBERLAIN, Boulder, Col.

### GRADUATE NURSES' ASSOCIATION OF CONNECTICUT.

President, Miss R. INDE ALBAUGH, Grace Hospital, New Haven, Conn.

Corresponding Secretary, Mrs. EDITH BALDWIN LOCKWOOD, Granby, Conn.

### DISTRICT OF COLUMBIA GRADUATE NURSES' ASSOCIATION.

President, Miss LILY KANELY, 1723 G Street, Washington, D. C.

Secretary, Miss W. ANN COX, 1500 Columbia Road, Washington, D. C.

### GEORGIA STATE ASSOCIATION OF GRADUATE NURSES.

President, Miss MARY BLYTHE WILSON, R.N., Savannah Hospital, Savannah, Ga.

Secretary, Miss ELIZA CLAY, R.N., 28 Taylor Street, E., Savannah, Ga.

**ILLINOIS STATE NURSES' ASSOCIATION.**

President, MISS CAROLINE D. SEIDENSTICKER, 419 East 45th Street, Chicago, Ill.  
Secretary, MISS BENA HENDERSON, Children's Hospital Society, 79 Dearborn Street, Chicago, Ill.

**INDIANA STATE NURSES' ASSOCIATION.**

President, MISS EDNA HUMPHREY, Crawfordsville, Indiana.  
Secretary, MISS MAE D. CURRIE, 39 The Meridian, Indianapolis, Indiana.

**IOWA STATE NURSES' ASSOCIATION.**

President, MISS ALICE B. SLAUGHTER, Ottumwa, Iowa.  
Secretary, MRS. IDA C. NEFF, Waterloo, Iowa.  
Chairman Credential Committee, MISS LILLIAN M. ALDEN, Mason City, Iowa.

**KENTUCKY STATE ASSOCIATION OF GRADUATE NURSES.**

President, MISS NELLIE GILLETTE, Louisville.  
Corresponding Secretary, MISS ANNIE E. RECE, Louisville.

**LOUISIANA STATE NURSES' ASSOCIATION.**

President, MISS C. FROMHERZ, New Orleans, La.  
Secretary, MISS OLIN NORMAN, 1517 Antoine Street, New Orleans, La.

**MASSACHUSETTS STATE NURSES' ASSOCIATION.**

President, MISS MARY M. RIDDLE, Newton Hospital, Newton Lower Falls, Mass.  
Secretary, MISS ESTHER DART, Stillman Infirmary, Cambridge, Mass.

**MARYLAND STATE NURSES' ASSOCIATION.**

President, SARA E. PARSONS.  
Secretary, MISS AMY P. MILLER, R.N., 149 West Lanvale Street, Baltimore.

**MICHIGAN STATE NURSES' ASSOCIATION.**

President, MISS E. L. PARKER, Lansing, Michigan.  
Secretary, MISS FANTINE PEMBERTON, Ann Arbor, Mich.

**MINNESOTA STATE NURSES' ASSOCIATION.**

President, MRS. ALEXANDER R. COLVIN, 30 Kent Street, St. Paul.  
Secretary, MRS. E. W. STUHR, 2133 Kenwood Parkway, Minneapolis.

**MISSOURI STATE NURSES' ASSOCIATION.**

President, MISS MABEL C. LONG, 1224 Dillon Street, St. Louis, Mo.  
Corresponding Secretary, MISS ANNA BELLE ADAMS, 923 East Ninth Street, Kansas City, Mo.

**NEBRASKA STATE ASSOCIATION OF GRADUATE NURSES.**

President, NANCY L. DORSEY, 119 North Thirty-second Avenue, Omaha, Neb.  
Secretary, MRS. A. PINKERTON, 112 North Dodge Street, Omaha, Neb.

**GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE.**

President, MISS GRACE P. HASKELL, The Wentworth Hospital, Dover, N. H.  
Corresponding Secretary, MISS IDA A. NUTTER, The City Hospital, Laconia, N. H.

**NEW JERSEY STATE NURSES' ASSOCIATION.**

President, Miss E. F. CONNINGTON, Elizabeth General Hospital, Elizabeth, N. J.  
Secretary, Miss HELEN STEPHEN, 48 Elm Street, Orange, N. J.

**NEW YORK STATE NURSES' ASSOCIATION.**

President, MRS. HARVEY D. BURRILL, R.N., 1602 South State Street, Syracuse, N. Y.  
Secretary, Miss FRIDA L. HARTMAN, R.N., Jewish Hospital, Brooklyn, N. Y.  
Treasurer, Miss LINA LIGHTBOURNE, R.N., Hospital of the Good Shepherd, Syracuse, N. Y.

**NORTH CAROLINA STATE NURSES' ASSOCIATION.**

President, Miss CONSTANCE E. PROHL, Winston-Salem, N. C.  
Secretary, Miss MARY SHEETZ, Winston-Salem, N. C.

**OHIO STATE NURSES' ASSOCIATION.**

President, Miss KATHARINE MAPES, Toledo, Ohio.  
Secretary, Miss ELLEN KERSHAW, 112 E. Broad Street, Columbus.

**OREGON STATE NURSES' ASSOCIATION.**

President, Miss L. G. RICHARDSON, Third and Montgomery Streets, Portland, Oregon.  
Secretary, Miss FRANCES McLANE, Third Street, Portland, Oregon.

**GRADUATE NURSES' ASSOCIATION OF PENNSYLVANIA**

President, Miss ROBERTA WEST, Wilkes-Barre, Pa.  
Secretary, Miss ANNIE C. NEDWELL, St. Timothy's Hospital, Roxborough, Philadelphia, Pa.  
Treasurer, Mr. WILLIAM R. McNAUGHTON, 245 Emerson Street, Pittsburg, Pa.

**RHODE ISLAND STATE NURSES' ASSOCIATION.**

President, Miss LUCY C. AYRES, Rhode Island Hospital, Providence, R. I.  
Corresponding Secretary, Miss ALICE G. DEXTER, 133 Delaine Street, Providence, Rhode Island.

**SOUTH CAROLINA STATE NURSES' ASSOCIATION.**

President, Miss JEAN KAY, R.N., Columbia Hospital, Columbia, S. C.  
Secretary, Miss LULA DAVIS, Sumter Hospital, Sumter, S. C.

**TEXAS STATE NURSES' ASSOCIATION.**

President, Miss JENNIE S. COTTLE, Houston, Texas.  
Secretary, MRS. HARRY PARIS, Fort Worth, Texas.

**VIRGINIA STATE NURSES' ASSOCIATION.**

President, Miss LOUISE POWELL, The Baldwin School, Bryn Mawr, Pa.  
Corresponding Secretary, Miss ELISABETH R. P. COCKE, Box 22, Bon Air, Va.

**WASHINGTON STATE NURSES' ASSOCIATION.**

President, Miss MARY S. LOOMIS, General Hospital, Seattle, Wash.  
Secretary, Miss SCHARLEY WRIGHT, New Westminster, B. C.

**WEST VIRGINIA STATE NURSES' ASSOCIATION.**

President, MRS. GEORGE LOUNDSBURY, 1119 Lee Street, Charleston, W. Va.  
Secretary, Miss CARRIE R. PIERCE, 411 South Front Street, Wheeling, W. Va.

## NAMES OF OFFICERS OF EXAMINING BOARDS.

## COLORADO.

President, Miss MAUD McCLASKIE, 1236 South Washington Avenue, Denver, Col.  
Secretary, Miss MARY B. EYRE, R.N., 642 Grant Avenue, Denver, Col.

## CONNECTICUT.

President, Miss EMMA L. STOWE, New Haven Hospital, New Haven, Conn.  
Secretary, Miss R. INDE ALBAUGH, Grace Hospital New Haven, Conn.

## DISTRICT OF COLUMBIA.

President, Miss LILY KANELY, 1723 G. Street, N. W. Washington, D. C.  
Secretary, Miss KATHERINE DOUGLASS, 320 East Capitol Street, Washington,  
D. C.

## GEORGIA.

President, Miss ELLA M. JOHNSTONE, 309 West Thirty-fifth Street, Savannah, Ga.  
Secretary, Mrs. AGNES G. HARTRIDGE, 16 Washington Street, Atlanta, Ga.

## INDIANA.

President, Mrs. ISABELLA GERHART, Lafayette, Ind.  
Secretary, Miss EDNA HUMPHREY, Crawfordsville, Ind.

## MARYLAND.

President, Miss GEOGIANA C. ROSS, Johns Hopkins Hospital, Baltimore, Md.  
Secretary, Miss MARY C. PACKARD, 27 N. Carey Street, Baltimore, Md.

## MINNESOTA.

President, Miss EDITH ROMMEL, 1502 Third Avenue, South, Minneapolis, Minn.  
Secretary, Miss HELEN WADSWORTH, St. Luke's Hospital, St. Paul, Minn.

## NEW HAMPSHIRE.

Secretary, Miss AUGUSTA ROBERTSON, R.N., Elliot Hospital, Manchester, N. H.

## NEW YORK.

President, Miss SOPHIA F. PALMER, R.N., 247 Brunswick Street, Rochester, N. Y.  
Secretary, Miss JANE ELIZABETH HITCHCOCK, R.N., 265 Henry Street, New York,  
N. Y.

## NORTH CAROLINA.

President, Miss CONSTANCE E. PFOHL, Winston Salem, N. C.  
Secretary, Miss MARY L. WYCHE, Durham, N. C.

## VIRGINIA.

President, Miss S. H. CABANISS, 109 North Seventh Street, Richmond, Va.  
Secretary, Mrs. S. T. HANGER, 7 Waverly Boulevard Portsmouth, Va.



r, Col.

n.

ngton,

h, Ga.

d.

Minn.

H.

N. Y.  
York,